

# JEWELLERS BLOCK INSURANCE

# Claim Form

## ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No.	Claim No.
Period of Insurance From	D M M Y Y Y Y TO D M M Y Y Y Y
A. DETAILS OF INSURED/C	LAIMANT
1. Name as per Policy	S U R N A M E M I D D L E N A M E F I R S T N A M E
2. Address	Plot No/Door No. Building Name Building Name
	Road Area
	City Pincode
	State
3. Contact Details	Phone No.
	E-mailId
4. BriefDescription of Business	
/Office/Industry/Occupation	
B. DETAILS OF LOSS/ACCIE	DENT
1 D ( )	D D M M Y Y Y Y
1. Date of Loss	D       D       M       M       Y       Y       Y         Time of Loss       :       :       :       :       :       :
2. LossLocation Address	Plot No/Door No. Building Name Building Name
	Road Area
	City Pincode
	State

3. Contact Details of person/s at Loss Loc	ation
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	Name	S	U	R	Ν	А	Μ	Е			$\mathbb{M}$	Ι	D	D	L	Е	Ν	А	Μ	Е			F	Ι	R	S	Т	N	A	M	Е
	Relationship with Insured																									Τ		Τ			
	Contact Details	Pho	ne N	o.								1				Mo	obile									T	T	Ť	T		
		E-m	ailIc	1																				-	1					-	
4.	Describe Cause of Loss/Damage																														
5.	Estimated Loss (Rs.)																														
INI	FORMATION TO AUTHOR	ITY																			٦			7							
1.	Has the loss been reported to th	e Pol	ice A	Autho	ority	?															Ye	s		N	0						
	If 'No', reason for not reporting		_				1								_	_															
	If 'Yes', provide details		Fir	e			Pol	ice			М	uni	cipali	ity		Ot	her														
2.	Name of Authority																														
3.	FIR no. / Authority Reference No. (Plea	se en	close	e orig	ginal	or c	ertifi	ed c	ору	of F	FIR)					Da	ite	D	D	Μ	Μ	Y	Y	Y	Y	]					
4.	Name of the Carrier/ Authrotiy in whose custody the loss has ta	ıken p	place	(if a	pplic																										
5.	Has the claim been lodged on th Carrier/ authority	ne																													
6.	Date when the claim has been lo on the carrier / authority (Please	odged	l	copie	s of t	the co	orres	pond	lence	eexc	hang	red	with	them	)													_			
7.	Estimate of loss (with complete																														
	C. DETAILS OF OTHER INS	IRAI																													
																					1			ר							
1.	Is the loss/damage covered under	erany	othe	rIns	uran	ce?															Ye	5		N	0						
	If 'Yes', specify details and attach a copy of the policy																														
2.	Name of Insurer																														
3.	Address	Plot	No/	Dooi	No.	. [										Bu	ilding	g Na	me												
		Roa	d													Ar	ea														
		City														Pir	ncode	;								]					
		State	e [																												
4.	Contact Details	Pho	ne N	o. [												Mo	obile									Τ	Τ	Τ	Τ		
		E-m	ailIc	1										1																	
5.	Policy No.															]											-				
	Period of Insurance	Fron	n	D	D	Μ	Μ	Y	Y	Y	Y	1			То	D	D	$\mathbb{M}$	V	Y	Y	Y	Y								
	Sum Insured (Rs.)			·				-				_																			

#### E. DETAILS OF ITEMS AFFECTED

SI. No.	Descriptionof items	Sum Insured(Rs.)

#### H. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

## G. DETAILS OF OTHER INFORMATION

Do vou	wishto	providean	votherin	formation?

If 'Yes', specify

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place												
Date:	D	D	[M]	M	Y	Y	Y	Y				

Signature of Insured/Claimant

Yes

No

Name of Insured/Claimant