

**MULTINATIONAL ALL RISKS INSURANCE
CLAIM FORM**

Policy No. _____

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Future Generali India Insurance Company Limited.

Do not dispose off or destroy damaged property without consent of surveyor/ Future Generali Total Insurance Solutions.

Risk Code (For office use) _____

A. The Insured	
Name	
Address	
Tel No.	Office..... Mobile..... Email.....
B. Policy Details	Policy No. Period of Insurance..... to
C. Loss Details	Date..... Time.....am/pm..... Date/Time Discovered.....By whom..... Location/Address of Loss..... City..... Pin Code..... State..... Premises occupied as Describe fully circumstances of Loss, how it happened, what caused the Loss
Estimated amount of loss	1. Material Loss Or Damage (Please provide break-up)
	2. Consequential Losses (due to fire)

D. General	
Tick <input type="checkbox"/> in the appropriate <input type="checkbox"/>)	<p>1. Has the loss or damage been reported to the Police/Fire Brigade? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a legible copy of FIR/Fire Brigade Report</p>
	<p>2. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a copy of report from the meteorological dept/newspaper clipping</p>
	<p>3. Is there any other insurance in force providing cover for this loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name of Insurer(s), policy no. and copy of Policy</p>
	<p>4. Have you ever suffered a loss or damage in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide Date, Amount of Loss and Name of Insurer </p>
	<p>5. Are the premises protected by a Fire Protection/Detection system? Hydrant Yes <input type="checkbox"/> No <input type="checkbox"/> Sprinkler Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke Detector Yes <input type="checkbox"/> No <input type="checkbox"/> Extinguisher(s) Yes <input type="checkbox"/> No <input type="checkbox"/> Was the same activated during the incident </p>
	<p>6. Did you take any measures to minimize the loss? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details of the same..... </p>
	<p>7. Are there any steps taken to prevent a reoccurrence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details (please attach separate sheet if required)..... </p>
	<p>8. Was there another person, in your opinion, responsible for the loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name, address & phone no. </p>

	<p>9. Was there any witness (es) to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name, address, and phone no. and enclose statement from the witness..... </p>
	<p>10. Is the property subject to a hire purchase or hypothecation agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name & address of relevant parties/financial institution..... </p>
	<p>11. Has there been any alteration in the occupation or use of the premises since the Policy was taken up? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details of changes/alterations in occupation..... </p>
	<p>12. Were the premises occupied at the time of the loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, unoccupied since.....</p>
	<p>13. Are you the sole owner of the premises/property? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please provide details of other interested parties.....</p>
	<p>14. Are you responsible for repairs? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>15. At the time of loss, what was the total value of all property in the premises?..... </p> <hr/>

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date:

Company's stamp

Future Generali India Insurance Company Limited.
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