

**FG BHARAT GRIHA RAKSHA
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 Number																					
Claim No																					
Period Of Insurance	From		To																		
A. DETAILS OF INSURED CLAIMANT																					
Name Of Insured/Claimant																					
*Address																					
	City:	State:	Pin code:																		
*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.																					
Contact Details	Phone No.	Mobile No.	Email Id:																		
Occupancy	Dwelling																				
B.DETAILS OF LOSS/ACCIDENT																					
Date of Loss			Time of Loss: am/pm																		
Loss Location Address	City:	State:	Pin code:																		
Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No.	Mobile No.	Email Id:																		
Type of Loss/Accident under which claim is lodged																					
	In case, the claim has triggered in any of the add-ons listed below. Please provide the details.																				
	<table border="1"> <thead> <tr> <th>Add-on Name</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>Third Party Liability (UIN :IRDAN132RP0005V01202021/A0012V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/>Tenants legal liability (UIN :IRDAN132RP0005V01202021/A0012V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/>Claim Preparation Costs (UIN :IRDAN132RP0005V01202021/A0012V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/>Keys and Locks (UIN :IRDAN132RP0005V01202021/A0012V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Accidental Damage Clause (UIN:IRDAN132RP0005V01202021/A0025V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Protection and Preservation of Property (UIN:IRDAN132RP0005V01202021/A0026V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Landscaping including lawns, plants, shrubs or Trees (UIN: IRDAN132RP0005V01202021/A0027V01202122)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Removal of Debris (in excess of 2% of the claim amount) (UIN: IRDAN132RP0005V01202021/A0028V01202122)</td> <td></td> </tr> </tbody> </table>	Add-on Name		<input type="checkbox"/> Third Party Liability (UIN :IRDAN132RP0005V01202021/A0012V01202122)		<input type="checkbox"/> Tenants legal liability (UIN :IRDAN132RP0005V01202021/A0012V01202122)		<input type="checkbox"/> Claim Preparation Costs (UIN :IRDAN132RP0005V01202021/A0012V01202122)		<input type="checkbox"/> Keys and Locks (UIN :IRDAN132RP0005V01202021/A0012V01202122)		<input type="checkbox"/> Accidental Damage Clause (UIN:IRDAN132RP0005V01202021/A0025V01202122)		<input type="checkbox"/> Protection and Preservation of Property (UIN:IRDAN132RP0005V01202021/A0026V01202122)		<input type="checkbox"/> Landscaping including lawns, plants, shrubs or Trees (UIN: IRDAN132RP0005V01202021/A0027V01202122)		<input type="checkbox"/> Removal of Debris (in excess of 2% of the claim amount) (UIN: IRDAN132RP0005V01202021/A0028V01202122)			
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Describe the circumstances of Loss, how it happened, and what Caused Loss/Damage																					

In Case of Death : Please provide following details:	a. Name of Nominee: _____
	b. Nominee's Mobile No. : _____ E Mail ID: _____
*In case nominee has been declared at the time of proposal, then no change will be accepted at the time of claim. Legal Heir Certificate is mandatory if nominee details are not available in policy.	
Premises Occupied as	
Estimated Loss (Rs.)	
Witness Details	Were there any witnesses to the loss/accident? Yes/No If Yes, Name as Person/s: Address: City: State: Pin code:
	Contact Details: Phone No. Mobile No. Email Id:
Information to Authority	Has the Loss been reported to an Authority? Yes/No If No, Reason for not reporting If Yes, Provide details: Fire/Police/Municipality/Other Name of Authority: Information report No./Authority reference no. Date:
	Contact Person/s Address: City: State: Pin code: Contact Details: Phone No. Mobile No. Email Id:
C. DETAILS OF OTHER INSURANCE	
Is the loss / damage covered under any other insurance?	Yes/No If Yes, specify details and attach a copy of the policy
Name of Insurer	
Address	City: State: Pin code:
	Phone No. Mobile No. Email Id:
Policy No.	
Period of Insurance	From To
Sum Insured (rs.)	
D. DETAILS OF OTHERS INTEREST	
Is the Insured the Sole Owner of the property?	Yes/No If No, please specify
Nature of Interest	
Person/s who has/have Interest on property	

Address	City:	State:	Pin code:
Contact Details	Phone No.	Mobile No.	Email Id:
E. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)			

F. Details of Previous Losses

Losses during the 3 preceding years

Date of loss	Claim description and Cause of loss	Amount of loss (Rs.)	Insurer

G. Details of Other Information

Do you wish to provide any other information? Yes No, If "Yes", specify

H. Please submit photographs of loss or physical damage, wherever possible.

Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:

Place:

Signature of Insured/Claimant:

Name of Insured/Claimant:

*****END*****