

HOME SECURE POLICY CLAM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number

Claim Number

Period of Insurance From _____ To _____

INSURED DETAILS

1. Name of the Claimant (in full):

2. Address of the Claimant:

State				Pin code	
Mobile			Landline		
Email					

DETAILS OF LOSS

3. Date and time of Loss incidence:

D	D	M	M	Y	Y	H	H	M	M	AM/PM
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4. Loss Location Address

5. Explain the type of Loss/ Accident under which claim is lodged

6. Please mention the section under which claim is preferred. (Please provide additional details in the relevant section provided below):

7. Please provide brief details of incidence

8. 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.

9. What is the cause of Loss or Damage?

10. Please mention the purpose for which the premises was being used at the time of accident

11. Is the Insured/ Claimant sole owner of the property damaged or destroyed? YES NO

If not, state full particulars of any other interest:

12. Please provide details of witness (name, address, telephone nos)

13. Please provide approximate value of loss

14. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)

FIRE SECTION

15. Has loss has been intimated to Police/ Fire brigade? YES NO

If yes, please provide police station name, FIR no and attach copies of their report

16. What measures were taken to minimize the Loss?

17. In case, the claim has triggered in any of the opted add on covers under the policy. Please provide details below.

BURGLARY SECTION

18. How the entrance and exit effected in the premises

19. Whether the premises were occupied at the time of the Burglary? If not, at what date and time was it last occupied?

20. When was FIR filed?

21. Details of police complaint (please provide police station name, FIR no and attach copies of their report)

22. Give the details of suspects, if any

23. Did police authorities detain any one? if yes please provide details

24. Provide details of the security arrangements for the premises affected

BREAKDOWN AND ELECTRONIC EQUIPMENT SECTION

25. Serial no of item affected

26. Please provide description of Machinery/ Make & Model

27. Please provide estimate(s) of repairs (please attach estimates)

28. What is the current replacement cost of damaged item?

29. Please mention date and nature of maintenance carried out (attach record)

30. Please provide previous repair details of affected machinery, including nature of repairs

31. Is the damaged item under Manufacturers Warranty / Guarantee? if yes please give details

DETAIL OF OTHER INSURANCES

32. Give details of other Insurance, if any, covering the present loss

DETAILS OF PREVIOUS LOSSES

33. Give details of previous Claims, if any, on the project (Losses during the 3 preceding years)

Details of Other Information

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

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

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in
IRDA Regn. No. 132 , CIN - U66030MH2006PLC165287



DECLARATIONS

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:: _____

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