

BUSINESS SURAKSHA
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:
Contact Details	Phone No.	Mobile No.	
	Email Id:		
Brief Description of Business/Office/Industry/occupation			
B.DETAILS OF LOSS/ACCIDENT			
Please indicate claim is in respect of which section			
<input type="checkbox"/> Fire and Allied Perils	<input type="checkbox"/> Fire Loss of Profit	<input type="checkbox"/> Burglary	<input type="checkbox"/> Fidelity Guarantee
<input type="checkbox"/> Electronic Equipment	<input type="checkbox"/> All Risks	<input type="checkbox"/> Accident Suraksha	<input type="checkbox"/> Liability
<input type="checkbox"/> Baggage	<input type="checkbox"/> Plate Glass	<input type="checkbox"/> Money Insurance	<input type="checkbox"/> Pedal Cycle
<input type="checkbox"/> Neon Sign/Glow Sign	<input type="checkbox"/> Machinery Breakdown		
<input type="checkbox"/> Add-ons Pls Specify _____			
Date of Loss/Accident		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			
Describe the circumstances of Loss, how it happened, and what Caused Loss/Damage			

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:
Contact Details	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*******