

FG BHARAT LAGHU UDYAM 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. Id: | Mobile No. | Email |
| Brief Description of Business/Office/Industry/occupation | | | |
| B.DETAILS OF LOSS/ACCIDENT | | | |
| Date of Loss | | Time of Loss: | am/pm |
| Loss Location Address | City: code: | State: | Pin |
| Contact Details of person/s at Loss location | Name: Relationship with Insured: Contact Details: Phone No. Id: | Mobile No. | Email |
| 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. | | |
| | <input type="checkbox"/> Involuntary Betterment UIN: IRDAN132RP0003V01202021/A0003V01202122 | | |
| | <input type="checkbox"/> Immediate repair clause UIN: IRDAN132RP0003V01202021/A0004V01202122 | | |
| | <input type="checkbox"/> Escalation UIN: IRDAN132RP0003V01202021/A0005V01202122 | | |
| | <input type="checkbox"/> Brands and Label UIN: IRDAN132RP0003V01202021/A0006V01202122 | | |
| | <input type="checkbox"/> Additional custom duty UIN: IRDAN132RP0003V01202021/A0007V01202122 | | |
| | <input type="checkbox"/> Loss Of Rent Clause UIN: IRDAN132RP0004V02202021/A0019V01202122 | | |
| | <input type="checkbox"/> Insurance Of Additional Expenses Of Rent For An Alternative Accommodation UIN: IRDAN132RP0004V02202021/A0020V01202122 | | |
| | <input type="checkbox"/> Accidental Damage UIN: IRDAN132RP0003V02202021/A0017V01202223 | | |
| | <input type="checkbox"/> Deterioration Of Stocks In Cold Storage Premises UIN: IRDAN132RP0004V02202021/A0021V01202122 | | |

| | |
|--|--|
| Describe the circumstances of Loss, how it happened, and what Caused Loss/Damage | |
| Premises Occupied as | |
| Estimated Loss (Rs.) | |
| Witness Details | <p>Were there any witnesses to the loss/accident? Yes/No If Yes,</p> <p>Name as Person/s: Address: City: State: Pin code:</p> <p>Contact Details: Phone No. Mobile No. Email Id:</p> |
| Information to Authority | <p>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:</p> |
| 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. Id: | Mobile No. | Email |
| 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*****