

FG BHARAT SOOKSHMA 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.	Mobile No.	Email Id:																
Brief Description of Business/Office/Industry/occupation																			
Limits of Indemnity under the Policy(s)																			
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																			
	<p>In case, the claim has triggered in any of the add-ons listed below. Please provide the details.</p> <table border="1"> <tr> <td><input type="checkbox"/> Involuntary Betterment UIN: IRDAN132RP0004V01202021/A0008V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Escalation UIN: IRDAN132RP0004V01202021/A0009V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Claim Preparation Costs UIN: IRDAN132RP0004V01202021/A0010V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Additional custom duty UIN: IRDAN132RP0004V01202021/A0011V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Loss Of Rent Clause UIN: IRDAN132RP0003V02202021/A0022V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insurance Of Additional Expenses Of Rent For An Alternative Accommodation UIN: IRDAN132RP0003V02202021/A0023V01202122</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Accidental Damage UIN: IRDAN132RP0004V02202021/A0016V01202223</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Deterioration Of Stocks In Cold Storage Premises UIN: IRDAN132RP0003V02202021/A0024V01202122</td> <td></td> </tr> </table>			<input type="checkbox"/> Involuntary Betterment UIN: IRDAN132RP0004V01202021/A0008V01202122		<input type="checkbox"/> Escalation UIN: IRDAN132RP0004V01202021/A0009V01202122		<input type="checkbox"/> Claim Preparation Costs UIN: IRDAN132RP0004V01202021/A0010V01202122		<input type="checkbox"/> Additional custom duty UIN: IRDAN132RP0004V01202021/A0011V01202122		<input type="checkbox"/> Loss Of Rent Clause UIN: IRDAN132RP0003V02202021/A0022V01202122		<input type="checkbox"/> Insurance Of Additional Expenses Of Rent For An Alternative Accommodation UIN: IRDAN132RP0003V02202021/A0023V01202122		<input type="checkbox"/> Accidental Damage UIN: IRDAN132RP0004V02202021/A0016V01202223		<input type="checkbox"/> Deterioration Of Stocks In Cold Storage Premises UIN: IRDAN132RP0003V02202021/A0024V01202122	
<input type="checkbox"/> Involuntary Betterment UIN: IRDAN132RP0004V01202021/A0008V01202122																			
<input type="checkbox"/> Escalation UIN: IRDAN132RP0004V01202021/A0009V01202122																			
<input type="checkbox"/> Claim Preparation Costs UIN: IRDAN132RP0004V01202021/A0010V01202122																			
<input type="checkbox"/> Additional custom duty UIN: IRDAN132RP0004V01202021/A0011V01202122																			
<input type="checkbox"/> Loss Of Rent Clause UIN: IRDAN132RP0003V02202021/A0022V01202122																			
<input type="checkbox"/> Insurance Of Additional Expenses Of Rent For An Alternative Accommodation UIN: IRDAN132RP0003V02202021/A0023V01202122																			
<input type="checkbox"/> Accidental Damage UIN: IRDAN132RP0004V02202021/A0016V01202223																			
<input type="checkbox"/> Deterioration Of Stocks In Cold Storage Premises UIN: IRDAN132RP0003V02202021/A0024V01202122																			
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. 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*****