

FG NEON SIGN OR GLOW SIGN AND/OR HOARDING INSURANCE CLAIM FORM

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

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N.	SURED DETAI	LS																				
N	ame of the Proj	oser	(in ful	ll):																		
A	ddress of the Pr	opose	er:																			
	State					1 1								Pir	ı cod	le						
	Mobile							La	ndlir	ie												
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	Bank Name																					
	Branch																					
	Type of A/c				A /	c no																
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a.	TAILS OF LOS When was the		disco	_	D	D N	и м	Y	Y			Н	Н	M		M	AM	/ P M	Í			
b.	Name the place	es wh	nere b	reakag	e occ	urred	?															
c.	Type of neon/	glows	sign b	roken																		
	Size of damaged neon/glow sign																					
d.																						



5. Cost of replacements

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date:	Proposer Signature:
Daic.	i i oposci Signature.



Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 /

1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license. Claim Form_ FG Neon Sign or Glow Sign and/or Hoarding Insurance UIN:(IRDAN132RP0065V01202324)