

**FIRE SURAKSHA POLICY
CLAIM FORM**

For Business

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. Email Id:		Mobile No.
Type of Loss/Accident under which claim is lodged			
Details of Loss/Accident under any optional cover/add-ons under the policy.			
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:

For Home and Content:

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Claim No				
Period Of Insurance	From		To	

A. DETAILS OF INSURED CLAIMANT

Name Of Insured/Claimant		
*Address	City: _____ State: _____ Pin code: _____	
*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.		
Contact Details	Phone No. Email Id:	Mobile No.
Occupancy	Dwelling	
B.DETAILS OF LOSS/ACCIDENT		
Date of Loss		Time of Loss: am/pm
Loss Location Address	City: Pin code:	State:
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		
Details of Loss/Accident under any optional cover/add-ons under the policy		
Describe the circumstances of Loss, how it happened, and what Caused Loss/Damage		
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.
Premises Occupied as	
Estimated Loss (Rs.)	
Witness Details	<p>Were there any witnesses to the loss/accident? Yes/No</p> <p>If Yes,</p> <p>Name as Person/s:</p> <p>Address:</p> <p>City: State:</p> <p>Pin code:</p> <p>Contact Details:</p> <p>Phone No. Mobile No.</p> <p>Email Id:</p>
Information to Authority	<p>Has the Loss been reported to an Authority? Yes/No</p> <p>If No, Reason for not reporting</p> <p>If Yes, Provide details: Fire/Police/Municipality/Other</p> <p>Name of Authority:</p> <p>Information report No./Authority reference no.</p> <p>Date:</p> <p>Contact Person/s</p> <p>Address:</p> <p>City: State:</p> <p>Pin code:</p> <p>Contact Details:</p> <p>Phone No. Mobile No.</p> <p>Email Id:</p>
C. DETAILS OF OTHER INSURANCE	
Is the loss / damage covered under any other insurance?	<p>Yes/No</p> <p>If Yes, specify details and attach a copy of the policy</p>
Name of Insurer	
Address	<p>City: State:</p> <p>Pin code:</p>

Contact Details	Phone No. Email Id:	Mobile No.
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: Pin code:	State:
Contact Details	Phone No. Email Id:	Mobile No.
E. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)		

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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: