

FUTURE ART INSURANCE CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

Name of assured										
Policy number										
Policy Period					to					
Date and Time of loss										
Assureds /Correspondence Address										
Type of Loss										
Brief description of Incidence										
Cause of Loss / Damage										
Details of witness (name, address, tel no's)										
Approximate value of loss										
Section under which claim is preferred:										
Details of FIR (if any)										
DETAIL OF OTHER INSURANCES										
Give details of other Insurance, if any, covering the present loss										
DETAILS OF PREVIOUS LOSSES										
Give details of previous Claims, if any, on the project										

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

UIN: IRDAN132RP0003V01201112



Place:

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:							

Signature of Assured:

Company Seal (for Dealers/ Galleries):

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