

JEWELLERS BLOCK INSURANCE POLICY

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.

| Pol | icy No. | | Claim | No. | | | | | |
|----------------|--|---|---|---------------|------|------------|----|-----|-----|
| Per | iod of Insurance From | M M Y Y Y Y To D D M | И И У У У | Y Y | | | | | |
| | | | | | | | | | |
| | A. DETAILS OF INSURED/C | MANT | | | | | | | |
| | | | | | | | | | |
| 1. | Name as per Policy | U R N A M E M I | D D L E | N A M E | FΙ | R S | Т | N A | ΜE |
| 2. | Address | t No/Door No. | Bi | uilding Name | | | | | |
| | | ad | Ai | rea | | | | | |
| | | y | Pi | ncode | | | | | |
| | | te | | _ | | | | | |
| 3. | Contact Details | one No. | М | lobile | | | | | |
| | | nailId | | | | | | | |
| 4. | BriefDescription of Business | | | | | | | | |
| | /Office/Industry/Occupation | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | B. DETAILS OF LOSS/ACCIE | Г | | | | | | | |
| | B. DETAILS OF LOSS/ACCIE | | Ti | ime of Loss 🖵 | | ם a.m./p.r | n. | | |
| | | | Ti | ime of Loss | | a.m./p.r | n. | | |
| 1. | | | | ime of Loss | | a.m./p.r | n. | | |
| 1. | Date of Loss | D M M Y Y Y Y | B | | | a.m./p.r | n. | | |
| 1. | Date of Loss | D M M Y Y Y Y | Bu Bu | uilding Name | | | n. | | |
| 1. | Date of Loss | D M M Y Y Y t No/Door No. | Bu Bu | uilding Name | | a.m./p.r | n. | | |
| 1. 2. | Date of Loss | D M M Y Y Y t No/Door No. | Bu Bu Au | uilding Name | | a.m./p.r | n. | | |
| 1. 2. | Date of Loss Loss Location Address | D M M Y Y Y t No/Door No. | Bu Bu Au | uilding Name | F I | a.m./p.r | | N A | M E |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s at L | D M M Y Y Y t No/Door No. | Bu Bu An | uilding Name | F I | | | N A | M E |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s at L Name | D M M Y Y Y t No/Door No. | Image: Description of the sector of the s | uilding Name | F I | | | N A | M E |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s at L Name Relationship with Insured | D M M Y Y Y t No/Door No. | Image: Description of the sector of the s | uilding Name | F I | | | N A | M E |
| 1. 2. 3. | Date of Loss Loss Location Address Contact Details of person/s at L Name Relationship with Insured Contact Details Describe Cause of | D M M Y Y Y t No/Door No. | Image: Description of the sector of the s | uilding Name | F I | | | N A | M E |
| 1. 2. 3. | Date of Loss Loss Location Address Contact Details of person/s at L Name Relationship with Insured Contact Details | D M M Y Y Y t No/Door No. | Image: Description of the sector of the s | uilding Name | F I | | | N A | M E |
| 1. 2. 3. | Date of Loss Loss Location Address Contact Details of person/s at L Name Relationship with Insured Contact Details Describe Cause of | D M M Y Y Y t No/Door No. | Image: Description of the sector of the s | uilding Name | F I | | | N A | |

INFORMATION TO AUTHORITY

| IN | FORMATION TO AUTHOR | ľΥ | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|-----------------------|---------------------|--------|-------|------------|--------|-------|-------|------|------|--------|-----|------------------|-----|----------------|---|----|---|---|----|---|------|------|--|
| 1. | Has the loss been reported to th | e Poli | ce A | uthor | rity? | | | | | | | | | | | | | Ye | s | | No | C | | | |
| | If 'No', reason for not reporting | | | | | | | | | | | | | | | | | | | | | | | | |
| | If 'Yes', provide details | | Fire | ; | | | Polic | ce | | М | unic | ipalit | у [| Other | | | | | | | | | | | |
| 2. | Name of Authority | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | FIR no. / Authority Reference No. (Plea | se enc | close | origi | nal o | or ce | rtifie | d coj | py of | FIR) | | | | Date | D | D | Μ | Μ | Y | Υ | Y | Y | | | |
| 4. | Name of the Carrier/ Authrotiy in whose custody the loss has ta | iken p | lace | (if ap | plica | ble) | | | | | | | | | | | | | | | | | | | |
| 5. | Has the claim been lodged on th Carrier/ authority | ne | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Date when the claim has been lodged | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Estimate of loss (with complete | break | cup) _ | | | | | | | | | | | | | | | | | | | | | | |
| | C. DETAILS OF OTHER INS | JRAN | | | | | | | | | | | | | | | | | | | | | | | |
| | Istheloss/damagecoveredunde | | | Incu | | <u>_</u> ? | | | | | | | | | | [| | Ye | | | No | | | | |
| 1. | - | any | other | msu | ance | 61 | | | | | | | | | | l | | 16 | 5 | | | J | | | |
| | If 'Yes', specify details and attach a copy of the policy | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name of Insurer | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Address | Plot | No/I |)oor | No | | | | | | | | | | | | | | | | | | | | |
| | | | | 001 | INO. | | | | | | | | | Building | Nar | ne [| | | | | | | | | |
| | | Road | Г | | | | | | | | | | | Building Area | Nar | ne [| | | | | | | | | |
| | | Road City | Г | | | | | | | | | | | - | Nar | ne [[| | | | | | | | | |
| | | | | | | | | | | | | | | Area | Nar | ne [[| | | | | | | | | |
| 4. | Contact Details | City | | | | | | | | | | | | Area | Nar | ne [[| | | | | | | | | |
| 4. | Contact Details | City State | i [e [ne No | | | | | | | | | | | Area Pincode | Nar | ne [| | | | | | | | | |
| | Contact Details Policy No. | City State Phor | i [e [ne No | | | | | | | | | | | Area Pincode | Nar | ne [[[| | | | | | | | | |
| 5. | | City State Phor | 1 | | | | | Y | Y Y | | | | | Area Pincode | Nar | me [[[| Y | Y | Y | Y | | | | | |

E. DETAILS OF ITEMS AFFECTED

| SI. No. | Descriptionof items | Sum Insured(Rs.) |
|---------|------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

H. DETAILS OF PREVIOUS LOSSES

$Losses \, during \, the \, 3 \, preceding \, years$

| Date of Loss | Claim Description and Cause of Loss | Value of Loss (Rs.) | Insurer |
|--------------|-------------------------------------|---------------------|---------|
| | | | |
| | | | |
| | | | |

Yes

No

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

If 'Yes', specify

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

| Place | | | | | | | | | | | | | Signature of Insured/Claimant |
|-------|---|---|--------------|--------------|---|---|---|---|--|--|--|--|-------------------------------|
| Date: | D | D | \mathbb{M} | \mathbb{M} | Y | Y | Y | Y | | | | | Name of Insured/Claimant |