



**INFORMATION TO AUTHORITY**

1. Has the loss been reported to the Police Authority?  Yes  No

Yes  No

If 'No', reason for not reporting \_\_\_\_\_

If 'Yes', provide details  Fire  Police  Municipality  Other

2. Name of Authority

3. FIR no. /  Date

Authority Reference No. (Please enclose original or certified copy of FIR)

4. Name of the Carrier/ Authority \_\_\_\_\_  
in whose custody the loss has taken place (if applicable)

5. Has the claim been lodged on the \_\_\_\_\_  
Carrier/ authority

6. Date when the claim has been lodged \_\_\_\_\_  
on the carrier / authority (Please enclose copies of the correspondence exchanged with them)

7. Estimate of loss (with complete breakup) \_\_\_\_\_

**C. DETAILS OF OTHER INSURANCE**

1. Is the loss/damage covered under any other Insurance?  Yes  No

Yes  No

If 'Yes', specify details and attach a copy of the policy \_\_\_\_\_

2. Name of Insurer

3. Address Plot No/Door No.  Building Name

Road  Area

City  Pincode

State

4. Contact Details Phone No.  Mobile

E-mail Id

5. Policy No.

6. Period of Insurance From         To

7. Sum Insured (Rs.)

