

**STANDARD FIRE AND SPECIAL PERIL POLICY
CLAIMS 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.

Policy Number				
Claim No				
Period Of Insurance	From		To	

A. DETAILS OF INSURED CLAIMANT

Name as per policy			
*Address	Plot No/Door No: Building Name: Road: Area:		
	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email
Brief Description of Business/Office/Industry/occupation			
Limit of Indemnity Under the policy(Rs)			

B.DETAILS OF LOSS/ACCIDENT

Date of Loss/Accident		Time of Loss:	am/pm
Loss Location Address	Plot No/Door No: Building Name: Road: Area:		
	City: code:	State:	Pin
Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No. Id:	Mobile No.	Email
Describe the Cause of Loss/Damage			

Estimated Loss (Rs.)	
Witness Details	<p>Were there any witnesses to the loss/accident? Yes/No If Yes,</p> <p>Name as Person/s: Address: Plot No/Door No: Building Name: Road: Area:</p> <p>City: State: Pin code:</p> <p>Contact Details: Phone No. Mobile No. Email Id:</p>
Information to Authority	<p>Has the Loss been reported to an Authority? Yes/No If No, Reason for not reporting If Yes, Provide details: Fire/Police/Municipality/Other</p> <p>Name of Authority: Information report No./Authority reference no. Date: Contact Person/s Address: Plot No/Door No: Building Name: Road: Area:</p> <p>City: State: Pin code:</p> <p>Contact Details: Phone No. Mobile No. Email Id:</p>

C. DETAILS OF OTHER INSURANCE

Is the loss / damage covered under any other insurance?	<p>Yes/No If Yes, specify details and attach a copy of the policy</p>
Name of Insurer	

Address	Plot No/Door No: Building Name: Road: Area:		
	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email
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	Plot No/Door No: Building Name: Road: Area:		
	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email

D. DETAILS OF ITEMS EFFECTED

Sl. No.	Description of Equipment	Manufacturer	Year of Manufacture	Identification/ Machine/ Serial No.	Sum Insured(Rs.)	Date of Last Maintenance	Date of Expiry of AMC/Warranty	Cost of Repair/ Replacement (Rs.)

Has the affected equipment undergone any repair previously?

Yes/No

If yes, the nature of such repair

Date of Repair	Nature of Repair	Parts Affected	Cost of Repair (Rs)

F. Details of Previous Losses

Losses during the 3 preceding years

Date of loss	Claim description and Cause of loss	Value of loss (Rs.)	Insurer

G. Details of Other Information

Do you wish to provide any other information? Yes No,

If “Yes”, specify.

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:

*****END*****