

GRIHA LITE 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

Policy Number			
Claim No			
Period Of Insurance	From		To
A. DETAILS OF INSURED CLAIMANT			
Name Of Insured/Claimant			
*Address			
	City: code:	State:	Pin
*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. Id:	Mobile No.	Email
Occupancy	Dwelling		
B.DETAILS OF LOSS/ACCIDENT			
Date of Loss		Time am/pm	of Loss:
Loss Location Address			
	City: code:	State:	Pin
Contact Details of person/s at Loss location			
	Name: Relationship with Insured: Contact Details: Phone No. Id:	Mobile No.	Email
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:	<p>a. Name of Nominee: _____</p> <p>b. Nominee's Mobile No. : _____</p> <p>E Mail ID: _____</p> <p>*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.</p>
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: Address: 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</p> <p>If No, Reason for not reporting</p> <p>If Yes, Provide details: Fire/Police/Municipality/Other</p> <p>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: _____</p>

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:

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800