

## HOME SECURE POLICY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

**Note:** The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number

Claim Number

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

### INSURED DETAILS

|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Name of the Claimant (in full): |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Address of the Claimant:        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Pin code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Landline |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### DETAILS OF LOSS

3. Date and time of Loss incidence:
 







 AM/ PM
4. Loss Location Address
5. Explain the type of Loss/ Accident under which claim is lodged
6. Please mentions the section under which claim is preferred. (Please provide additional details in the relevant section provided below):
7. Please provide brief details of incidence
8. In Case of Death : Please provide following details:
 

a. Name of Nominee: \_\_\_\_\_
   
b. Nominee's Mobile No. : \_\_\_\_\_
   
E Mail ID: \_\_\_\_\_

\*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.
9. What is the cause of Loss or Damage?
10. Please mention the purpose for which the premises was being used at the time of accident
11. Is the Insured/ Claimant sole owner of the property damaged or destroyed? ☐ YES ☐ NO
 

If not, state full particulars of any other interest:
12. Please provide details of witness (name, address, telephone nos)
13. Please provide approximate value of loss

14. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)

#### **FIRE SECTION**

15. Has loss has been intimated to Police/ Fire brigade? ☐ YES ☐ NO  
If yes, please provide police station name, FIR no and attach copies of their report

16. What measures were taken to minimize the Loss?

#### **BURGLARY SECTION**

17. How the entrance and exit effected in the premises
18. Whether the premises were occupied at the time of the Burglary? If not, at what date and time was it last occupied?
19. When was FIR filed?
20. Details of police complaint (please provide police station name, FIR no and attach copies of their report)
21. Give the details of suspects, if any
22. Did police authorities detain any one? if yes please provide details
23. Provide details of the security arrangements for the premises affected

#### **BREAKDOWN AND ELECTRONIC EQUIPMENT SECTION**

24. Serial no of item affected
25. Please provide description of Machinery/ Make & Model
26. Please provide estimate(s) of repairs (please attach estimates )
27. What is the current replacement cost of damaged item?
28. Please mention date and nature of maintenance carried out (attach record)
29. Please provide previous repair details of affected machinery, including nature of repairs
30. Is the damaged item under Manufacturers Warranty / Guarantee? if yes please give details

#### **DETAIL OF OTHER INSURANCES**

31. Give details of other Insurance, if any, covering the present loss

#### **DETAILS OF PREVIOUS LOSSES**

32. Give details of previous Claims, if any, on the project (Losses during the 3 preceding years)

Details of Other Information

Do you wish to provide any other information? ☐ Yes ☐ No, If "Yes", specify

**Please submit photographs of loss or physical damage, wherever possible.**

#### DECLARATIONS

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:: \_\_\_\_\_

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