ART INSURANCE
CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

Name of assured	
Policy number	
Policy Period	to
Date and Time of loss	
Assureds /Correspondence Address	
Type of Loss	
Brief description of Incidence	
Cause of Loss / Damage	
Details of witness (name, address, tel no's)	
Approximate value of loss	
Section under which claim is preferred:	
Details of FIR (if any)	
DETAIL OF OTHER INSURANCES	
Give details of other Insurance, if any, covering the present loss	
DETAILS OF PREVIOUS LOSSES	
Give details of previous Claims, if any, on the project	

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 Assured:

Company Seal (for Dealers/ Galleries):