

BUSINESS SURAKSHA-LAGHU (RETAIL) 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

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Policy Number							
Claim No							
Period Of Insurance		From		Т	o		
A. DETAILS OF INSUR	ED CL	AIMANT			•		
Name Of Insured/Claim	ant						
*Address							
		City:			State): :	
Contact Details		Pin code Phone N			Mot	vilo	No.
Contact Details		Email Id:			IVIOL	ле	INO.
Brief Description of							
Business/Office/Industry	y/occ						
upation							
B.DETAILS OF LOSS/A	ACCID	ENT					
Please indicate claim is	in resp	pect of wh	ich section				
│ │ □ Fire and Allied	Dorilo	□ Fir	e Loss of Profit	П	Dure	alon.	
☐ ☐ Machinery Brea		-	e Loss of Profit	L	Burg	giai y	
l l l maerimiery bree	a	" 🗆					
□ Electronic Equ	ıipmen	t 🗆 All	Risks		Acc	ident Suraksh	na
□ Liability							
□ Baggage		Г	Plate Glass		П	Money Insu	ırance
□ Fidelity Guarantee		_	Tiate Class			Worldy Inst	iraricc
_		_					
☐Pedal Cycle		☐ Ne	on Sign/Glow Sig	gn			
Add-ons Pls Specify							
riad one i le epeciny			_				
Date of Loss/Accident					me of	Loss:	
				aı	m/pm		
Loss Location Address							
		City:					State:
		Pin code):				



Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No. Email Id:		
Type of Loss/Accident under which claim is lodged			
Describe the circumstances of Loss, how it happened, and what Caused Loss/Damage			
Premises Occupied as			
Estimated Loss (Rs.)			
Witness Details	Were there any witnesses to the loss/accident? Yes/No If Yes,		
	Name as Person/s: Address: City: State: Pin code: Contact Details:		
	Phone No. Mobile No. Email Id:		
Information to Authority C. DETAILS OF OTHER INSU	Has the Loss been reported to an Authority? Yes/No If No, Reason for not reporting If Yes, Provide details: Fire/Police/Municipality/Other 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:		
Is the loss / damage covered under any other insurance?			
Name of Insurer	If Yes, specify details and attach a copy of the policy		
Address	City: Pin code:	State:	
Contact Details	Phone No. Mobile No. Email Id:		



Policy No.				
Period of Insurance	From		То	
Sum Insured (rs.)				
D. DETAILS OF OTHERS INT	EREST			
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: Pin code:			State:
Contact Details	Phone No.	Email Id:	Mobile No.	
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	Amount of loss (Rs.)	Insurer
	Cause of loss		

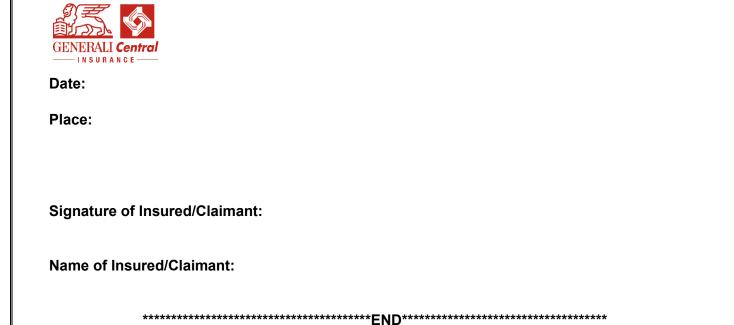
G. Details of Other Information

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.



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: <u>gcicare@generalicentral.com</u> | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800