BUSINESS SURAKSHA-SOOKSHMA
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: State: Pin code:			
Contact Details	Phone No. Mobile No. Email Id:			
Brief Description of Business/Office/Industry/occupation				
B.DETAILS OF LOSS/ACCIDENT				
Please indicate claim is in respect of which section ☐ Fire and Allied Perils ☐ Fire Loss of Profit ☐ Burglary ☐ Machinery Breakdown ☐ Electronic Equipment ☐ Baggage ☐ All Risks ☐ Accident Suraksha ☐ Plate Glass ☐ Liability ☐ Money Insurance ☐ Fidelity Guarantee Pedal Cycle ☐ Neon Sign/Glow Sign Add-ons Pls Specify_____				
Date of Loss/Accident			Time of Loss: am/pm	

Loss Location Address	City: State: Pin code:
Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No. Mobile 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	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:
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:

**********END**********