

FIRE SURAKSHA POLICY CLAIM FORM

For Business

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	То	
A. DETAILS OF INSURED (CLAIMANT	•	
Name Of Insured/Claimant			
*Address	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email
Brief Description of Business/Office/Industry/oc cupation			
Limits of Indemnity under the Policy(s)			
B.DETAILS OF LOSS/ACCI	DENT		
Date of Loss		Time of Loss	: am/pm
Loss Location Address	City: code:	State:	Pin
Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No. Email Id:		Mobile No.
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			
Premises Occupied as			
Estimated Loss (Rs.)			
Witness Details	Were there any witnesses to If Yes,	o the loss/accid	ent? Yes/No



	Name as Persor	n/s·				
	Address:	1,0.				
	City:		State:			
	Pin code:					
	Contact Details:					
	Phone No.					
	Mobile No.					
	Email Id:	en report	ed to an Authority?	Vec/No		
	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 Author			, ,		
	Information	report	No./Authority	referenc	е	no.
	Date:	·	·			
Information to Authority	Contact Person/	's				
	Address:					
	City:		State:			Pin
	code: Contact Details:					
	Phone No.				Mobile	NIo
	Email Id:			ľ	viobile	INO.
C. DETAILS OF OTHER IN						
	JUNANUL					
Is the loss / damage covered under any other	Yes/No					
insurance?	· ·	etails and	attach a copy of the	e policy		
Name of Insurer		otano arra	audon a copy or an	<u> </u>		
Address	City:		State:			Pin
	code:					
	Phone No.			<u> </u>	Mobile	No
Contact Details	Email Id:			'	VIODIIC	INO.
Policy No.	Email ra.					
Period of Insurance	From		То			
Sum Insured (Rs.)						
D. DETAILS OF OTHERS II	NTEREST					
Is the Insured the Sole	Yes/No					
Owner of the property?	If No, please sp	ecify				
Nature of Interest						
Person/s who has/have						
Interest on property						
	City:		State:			Pin
Address	code:					
Contact Details	Phone No.		Mobile No.		Ema	il ld:
E. Please provide details of claim for property						
	•					



destroyed or damage lost Item no of the policy? (Please attac separate sheet if required)						
F. Details of Previous	Losse	es				
Losses during the 3 pre						
Date of loss	Claim and C	n description Cause of loss	Amount of loss (Rs	.) Ins	surer	
G. Details of Other Inf Do you wish to provide H. Please submit pho	any ot	her information?	·	•	•	
-		-				
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/	Claima	ınt:				
Name of Insured/Clair	nant:					
For Home and Conter	nt:					
Issue Of This Claim Fo	rm Is N	lot To Be Taken	As An Admission Of	Liabilit	у	
If any detail or informa such particulars may be		•	ible please do not de	elay the	dispatch o	f this form and
Policy Number						
Claim No						
Period Of Insurance	F	rom			То	
A. DETAILS OF INSU	RED (CLAIMANT	<u>l</u>		ı	l



Name Of Insured/Claimant				
*Address	City: Sta	te:		
*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. Mobile No. Email Id:			
Occupancy	Dwelling			
B.DETAILS OF LOSS/AC	CCIDENT			
Date of Loss		Time of Loss: am/pm		
Loss Location Address	City: Sta	te:		
Contact Details of person/s at Loss location	Name: Relationship with Insured: Contact Details: Phone No. Email Id:	obile No.		
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:	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.		
Premises Occupied as			
Estimated Loss (Rs.)			
	Were there any witnesses to the loss/accident? Yes/No		
	If Yes,		
	Name as Person/s:		
	Address:		
Witness Details	City: State: Pin code:		
	Contact Details:		
	Phone No. Mobile No. Email Id:		
	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:		
Information to Authority	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	Yes/No		
insurance?	If Yes, specify details and attach a copy of the policy		
Name of Insurer			



Address	City: Pin code:	State:	
Contact Details	Phone No. Email Id:	Mobile No.	
Policy No.			
Period of Insurance	From	То	
Sum Insured (rs.)			
D. DETAILS OF OTHERS	INTEREST		
Is the Insured the Sole	Yes/No		
Owner of the property?	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 Cause of loss	Amount of loss (Rs.)	Insurer

UIN: IRDAN132RPPR0084V01202425

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

Claim Form- Fire Suraksha Policy