



	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:
<b>C. DETAILS OF OTHER INSURANCE</b>	
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.)	
<b>D. DETAILS OF OTHERS INTEREST</b>	
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:
<b>E. Please provide details of claim for property</b>	

**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:**

#### For Home and Content:

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: _____	
*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. _____ Email Id: _____	Mobile No. _____
Occupancy	Dwelling _____	
<b>B.DETAILS OF LOSS/ACCIDENT</b>		
Date of Loss	_____	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	_____	
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.)	
Witness Details	<p>Were there any witnesses to the loss/accident? Yes/No</p> <p>If Yes,</p> <p>Name as Person/s:</p> <p>Address:</p> <p>City: State:</p> <p>Pin code:</p> <p>Contact Details:</p> <p>Phone No. Mobile No.</p> <p>Email Id:</p>
Information to Authority	<p>Has the Loss been reported to an Authority? Yes/No</p> <p>If No, Reason for not reporting</p> <p>If Yes, Provide details: Fire/Police/Municipality/Other</p> <p>Name of Authority:</p> <p>Information report No./Authority reference no.</p> <p>Date:</p> <p>Contact Person/s</p> <p>Address:</p> <p>City: State:</p> <p>Pin code:</p> <p>Contact Details:</p> <p>Phone No. Mobile No.</p> <p>Email Id:</p>
<b>C. DETAILS OF OTHER INSURANCE</b>	
Is the loss / damage covered under any other insurance?	<p>Yes/No</p> <p>If Yes, specify details and attach a copy of the policy</p>
Name of Insurer	

Address	City: Pin code:	State:
Contact Details	Phone No. Email Id:	Mobile No.
Policy No.		
Period of Insurance	From	To
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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.
<b>E. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)</b>		

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**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, 8<sup>th</sup> 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](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800