

Future cine Suraksha insurance

CLAIM FORM

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

Policy No: _____

Claim No: _____

DETAILS OF INSURED	
1	Name
2	Address
	<div style="display: flex; justify-content: space-between;"> City Pin Code: </div> <div style="display: flex; justify-content: space-between;"> Contact Telephone : </div> <div style="display: flex; justify-content: space-between;"> e-mail: </div>

DETAILS OF LOSS	
1.	Date & Time of Loss Incidence
2.	Brief description of Incidence
3.	Type of Loss
4.	Cause of Loss / Damage
5.	Details of witness (name, address, tel no's)
6.	Approximate value of loss
8.	Is FIR filed with police authorities? if Yes please provide details
9.	Provide additional details relevant to claim , 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 insured with companies seal