

VIVAH SURAKSHA POLICY CLAIM FORM

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

Section 1 -All risk

Policy No: _____

Claim No: _____

DETAILS OF INSURED	
1	Name
2	Address
	City Pin Code: Contact Telephone : e-mail:

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, Mob. No.)
6.	Approximate value of loss
6.	Section under which claim is preferred:
7.	Date of Re-shooting (if claim is for extra expenses)
8.	Name of Actor / Crew member (in case of illness)
9.	Nature of illness
10.	Is FIR filed with police authorities? if Yes please provide details
11.	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

Section 2- BURGLARY INSURANCE CLAIM FORM

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

DETAILS OF INSURED	
1	Name
2	Address
	City Pin Code: Contact Telephone : e-mail:
PARTICULARS OF ACCIDENT	
1	Date & time of occurrence
2	Brief description of accident
3	When the loss was discovered and by whom. Place of discovery
4	How the entrance and exit effected in the premises
5	Whether the premises were occupied at the time of the Burglary ? If not, at what date and time was it last occupied?
6	What was the premises used for?

7	Details of police complaint	
	When was FIR Filed ?	
8	Give the details of suspects ? if any	
9	Did police authorities detained any one? if yes please provide details	
10	Provide details of the security arrangements for the premises affected	

DETAILS OF DAMAGE		
1	Are you the sole owner of the property stolen	
2	Please provide total Value of property up on the premises at the time of loss	
3	Pleas provide the full details of fire insurance (please attach policy copy)	
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		
Do you wish to Reinstate the Policy : Yes/ No :		

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

Section 3-MONEY INSURANCE CLAIM FORM

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

ANSWER ALL QUESTIONS AND FULLY

Policy No: _____ Z. O/B.O _____ Claim No. _____

Insured Details:

1. Name of Insured (in full) _____
2. Address: _____

3. Occupation: _____

Loss Details:

1. a. When was the loss discovered? (Give time & date). _____
b. What were the places between which money was in transit? _____
c. How and where did the loss occur? _____
d. What was the amount being carried? _____
e. Brief Detail as to exact circumstances under which loss occurred? _____

2. In whose custody was the money at the time of loss? _____
3. When did the employees concerned entered your service? _____
4. Was anyone of them involved in similar loss before? _____
5. Do you hold any cash deposit or any other security from them? _____

Transit Details:

1. Were the persons conveying the money accompanied by an armed guard? If not, state what protection if any, was provided? ____
2. How was the money being carried? (i.e. whether in bags, boxes trunks, etc, and in how many of them)

3. Whether such bags, boxes, trunks securely locked/closed? _____
4. What means of transport was being used by the persons conveying the money?

Loss Amount:

1. Give the circumstances of the loss or damage (full particulars must be given).

2. What is the amount of loss? _____
3. Was the total amount checked at the time of handing over to the messenger? ____
4. Was any acknowledgement received from him? If not reasons. _____

Miscellaneous Information:

1. Have you informed the policy authorities? If so when and where? ____
2. If police authority is informed, Case. No? _____
3. Has the perpetrator been caught by the police? _____
4. What steps have been taken to recover the lost money? _____
5. Were the persons conveying the money covered under Fidelity Guarantee Policy / Policies? If so, for what sums and with which office/s? ____
6. Are there any other insurance upon the same money? If so, give full particulars.

7. Have you ever before sustained loss of the same nature? If so give particulars.

Declaration

I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We have made, or in any further declaration in company may require in respect of the said loss shall make any false or fraudulent statement or any suppression or concealment my/our claim shall be absolutely forfeited and the Policy shall thenceforth be null and void.

Witness _____
(Signature)

Insured's Signature _____

Name _____

Date: _____

Date _____

Section 4-EVENT 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
	City Pin Code:
	Contact Telephone :
	e-mail:

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

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