



redefining / general insurance

Bharti AXA General Insurance Company Limited

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SmartPlan Householder's Package Policy - Claim Form

Important Note

Issuance of this form is not to be taken as admission of liability

Please fill this form in Block Letters and Tick the Boxes [x] where appropriate and do not leave any column unanswered.

Policy Number: [ ] Claim Number: [ ]

Period of Insurance: [D][D][M][M][Y][Y][Y][Y] to [D][D][M][M][Y][Y][Y][Y]

1 Details of insured

Insured/Claimant Name [ ]

Address [ ]

City [ ]

Pin code [ ] State [ ]

Contact Nos. Mobile No. [ ] Office +91 [ ]

Residence +91 [ ] E-mail ID [ ]

2 Loss details

Claim under sections:

I. [ ] Building, fixtures, fittings and renovation

II. Loss/Damage Of : [ ] Home Contents [ ] Valuables [ ] Breakdown of Appliances
[ ] Fixed Plate Glass and Sanitary Ware [ ] Documents

III. [ ] Personal Accident IV. [ ] Loss Of Rent V. [ ] Additional Rent for Alternate Accommodation:

VI. [ ] Pedigree Pet VII. [ ] Baggage VIII. [ ] Legal Liability

Date and Time of Loss: [D][D][M][M][Y][Y][Y][Y] Time [H][H][M][M] Place of Loss: [ ]

Short Description Of the Loss:

[ ]

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Whether Loss has been intimated to: Police Authority:  Yes  No Fire Brigade:  Yes  No  
 If Yes, Please attach the copies of the report.

Were the premises Occupied at the time of loss :  Yes  No  
 If no, Since when was it unoccupied?:

In case of loss under section I, II & VII

Sl. No.	Description Of Loss	Original Value	Market Value Of The Lost Items	Reinstatement Value	Amount Claimed
<b>Total</b>					

Is the loss covered under any other Insurance Policy:  Yes  No

If Yes, Please provide the details:

Sl. No.	Name & Address Of Insurance Company	Policy No.	From	To	Sum Insured (Rs)

Do you wish to provide any other information?  Yes  No

If yes, Details (if required you may please attach a separate sheet): \_\_\_\_\_

**3 Declaration**

I/We agree to provide additional information to the Company, if required. I/We the above named, 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 thereunder in respect of past or future accidents shall be forfeited. I/We understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.

Date:

Place: \_\_\_\_\_

Signature Of Insured

Insurance is the subject matter of solicitation.



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