

## Claim Form

 Toll Free Number  
**1800-209-5846 (1800-209-LTIN)**

 Website  
**www.ltinsurance.com**

 SMS  
**'LTI' to 5607058 (56070LT)**

### GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.  
All the questions are mandatory.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.  
PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

### FOR OFFICE USE ONLY

Intermediary Name:

Intermediary Code:

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as any Accident, Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and other particulars may be sent later.

Claim No:  Policy No/Cover Note No:

Period of Insurance:  To  Customer ID:

### POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title (Pls. Tick):  Ms.  Mrs.  Mr.

Name:

### Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.:  Floor No.:  Building Name:

Street Name:  Locality:

Landmark:

City/Village:  Pincode:

Post Office:  Fax No.:

Mobile No.:  Landline:

Email ID 1:

Email ID 2:

Do you want us to effect the above change of correspondence address in policy document for all future correspondences?  Yes  No

Limits of Indemnity under the policy: .....

### BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:   
(as appearing in the Bank Account)

Bank Name:

Branch:  Location:

Account No:  Account Type:

MICR Code:  IFSC Code:

### PARTICULARS OF ACCIDENT:

A. Date & Time of occurrence:

B. Place of accident: .....

