

## Claim Form







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.

FOR OFFICE USE ONLY	
Intermediary Name:	
Intermediary Code:	

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.
(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: D D M M Y Y Y Y Y To D D M M Y Y Y Y Y Customer ID:
POLICY HOLDER INFORMATION (Please enter details of the Insured)
Title (Pls. Tick): Ms. Mrs. Mrs.
Name: F  R S T               M  D D L E                L A S T
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: Locality:
Landmark:
City/Village: Pincode: Pincode:
Post Office: Fax No.:
Mobile No.:
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?
BANK DETAILS (Required for Electronic Fund Transfer)
Name of the Account Holder:
(as appearing in the Bank Account)
Bank Name:
Branch: Location: Location:
Account No:
MICR Code:
PARTICULARS OF ACCIDENT:
Date & Time of occurrence: DDDMMMYYYYY
Full addresss of the loss location:
How did the damage occur?

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	and extent of damage:	
 Details	of the machinery affected:	
Give the	e serial number available in the policy for the affected machinery:	
Was th	e affected machinery: Brand New Second Hand	
Whethe	er the affcected machinery is under any Service guarantee / warranty or AMC?	
if yes, p	rovide details on terms and period of such contract/warranty	
Kindly p	orovide the detials of the workshop or repairer:	
	ne responsible for the damage? Yes No	
	any possibility of recovery? Yes No	
	ras the replacement value of the affected machinery prior to the reported loss/damage? ₹	
	the details of damages to third party (s), if any:	
Provide	the details of damages to surrounding property, if any:	
Estimat	red Claim Amount: (Kindly provide break-up details in a separate annexure)	
а	n) Machinery ₹	
b	o) Third Party ₹	
	)Surrounding property ₹	
Give de	tails of other insurances covering same property, if any:	
Give de	tails of previous losses, if any:	
CLARATI	ION	
/e have n ncealmen	bove named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statem nade, or make in any further declaration, the Company may require in respect of the said accident, any false on to of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, a uture loss/accident shall be forfeited.	r fraudulent statement, or any suppr
ce:		
te:		
		Signature of Insured