

## Claim Form





	sms <b>'LTI'</b>	to	5607058	(56070LT
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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	ON	LY							
Intermediary Name:									
Intermediary Code:									

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.
(ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)
As soon as 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 delays dispatch of this form and such particulars may be sent later.
Claim No: Policy No/Cover Note 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:  D D D M M Y Y Y Y Y
POLICY HOLDER INFORMATION (Please enter details of the Insured)
Title (Pls. Tick): Ms. Mrs. Mrs. Mr.
Name: FIIRST             MIIDDDLE             LAST
Correspondence Address (Please fill in, if current address is different from as given in the policy document)
Block/Flat No.:
Street Name:
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: D D D M M Y Y Y Y H H H H : M M
Full address of the loss location: