Account No:

MICR Code:



Claim Form



	Website www.ltinsurance.co n
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GUIDELINES TO FILL TH	E F	ORN
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- 1. Please fill the form in BLOCK LETTERS. Please answer all guestions 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	:	L		1					
Intermediary Code	:		1	1	1	_			

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 Admission Of 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 delay dispatch of this form and such particulars may be sent later. Policy No/Cover Note No: Claim No: Period of Insurance: D | D | M | M | Y | Y | Y | Y To POLICY HOLDER INFORMATION (Please enter details of the Insured) Title (Pls. Tick): Mrs. Name: | M | I | D | D | L | E | | | Correspondence Address (Please fill in, if current address is different from as given in the policy document) Block/Flat No.: **Building Name:** Street Name: Locality: Landmark: City/Village: Pincode: Post Office: Fax No.: Landline: Mobile No.: l D 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? No BANK DETAILS (Required for Electronic Fund Transfer) Name of the Account Holder: (as appearing in the Bank Account) Bank Name: Branch: Location:

PARTICULARS OF AFFECTED ITEMS:

• Da	ate & Time of Loss:	D	D	M	M	Υ	Υ	Υ	Υ		Н	Н		M	M
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Who reported the loss:

Account Type:

IFSC Code:

Description of reported loss / damage:

	Nature and extent of loss:				
	Nature and extent of loss:				
	Full address of loss location:				
	Whether loss has been intimated to:				
		Eiro Prigado	(Association of Fine Drive de D	and if information Dains	4-1
	Police (Attach copy of First Investigation Report if informed Police)		(Attach copy of Fire Brigade R		
	If insured not sole owner, the nature of his/their interests in the	oroperty and details o	of other interests:		
	What measures were taken to minimise the loss?				
	For what purpose the affected property was being used at the ti	me of loss?			
	Total Claim Amount: ₹	(Kindly provide sena	rate annexure if space provided	helow is insufficient)	
	Total Claim? Milount.	(Kindiy provide sepa	rate annexare il space provided	below is insufficienty	
	Description of property claimed	Sum Insured	Market value / RIV	Amount claimed	Remarks
			at time of loss		
-					
_					
	Give details of other insurances covering same property, if any:				
-	Give details of other insurances covering same property, if any: .				
-					
_	Give details of other insurances covering same property, if any: . Details of previous losses, if any:				
_	Details of previous losses, if any:				
_	Details of previous losses, if any:				
	Details of previous losses, if any:				
	Details of previous losses, if any: Any other relevant details:				
	Details of previous losses, if any: Any other relevant details:				
/	Details of previous losses, if any: Any other relevant details: CLARATION e, the above named, do hereby, to the best of my/our knowledge	and belief, warrant t	he truth of the foregoing	statements in every r	espect; and I/We agree
/	Details of previous losses, if any: Any other relevant details: CLARATION e, the above named, do hereby, to the best of my/our knowledge to have made, or make in any further declaration, the Company makes and the comp	and belief, warrant t	he truth of the foregoing	statements in every r	espect; and I/We agree tement, or any suppres
V	Details of previous losses, if any: Any other relevant details: CLARATION e, the above named, do hereby, to the best of my/our knowledge have made, or make in any further declaration, the Company make in any further declaration.	and belief, warrant t	he truth of the foregoing	statements in every r	espect; and I/We agree tement, or any suppres
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/ / /	Details of previous losses, if any: Any other relevant details: CLARATION e, the above named, do hereby, to the best of my/our knowledge to have made, or make in any further declaration, the Company makes and the comp	and belief, warrant t	he truth of the foregoing	statements in every r	espect; and I/We agree tement, or any suppres
V	Details of previous losses, if any: Any other relevant details: CLARATION e, the above named, do hereby, to the best of my/our knowledge have made, or make in any further declaration, the Company modealment of any material information, my/our claim shall be absoluted ast or future loss/accident shall be forfeited.	and belief, warrant t	he truth of the foregoing	statements in every r	espect; and I/We agree tement, or any suppres