

Claim Form

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'LTI'	to	5607058	(56070 L T

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 US	E ON	ILY								
Intermediary Name:										
Intermediary Code:	Ш		_	 _	 	 _	 	_	 _	

(ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)												
Please return the form completed within Fourteen days of the loss/damage together with the relevant vouchers, documents etc.												
Claim No:												
Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y Y Customer ID:												
POLICY HOLDER INFORMATION (Please enter details of the Insured)												
Title (Pls. Tick): Mrs. Mrs. Mr.												
Name: F R 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:												
Landmark:												
City/Village: Pincode: Pincode:												
Post Office:												
Mobile No.: S T 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?												
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: Account Type:												
MICR Code:												
PARTICULARS OF ACCIDENT:												
Date & Time of Occurrence: D D M M Y Y Y Y W H H H : M M												
How did the breakdown occur?												

	Parts to be replaced	d:							
	Parts to be repaired	d:							
	Others:								
	(Kindly attach separate a								
• Fu	ill address of the loss								
• Tu	iii dudiess of the loss	iocation	•••••						
 DETAI	LS ON MACHINERY [DAMAGED:							
	as the property brand		and?	Brand New	Second Han	d			
	insured not sole owne			ests in the prope	rty and details of c	other interests:			
• W	hat control measures	where undertake	n to minimise	e/avoid reoccurre	ence of the reporte	d incident?			
• W	hat was the last occas	sion before the da	amage when	the machine wa	s overhauled or at	tended for mainten	ance?		
Sr. No.	Description of Machinery	Make/Model & Sr. No.	Mfg. Year	Sum Insured	Mkt Value/RIV	Cost of Repair/ Reinstatement	Whether AMC Available	Period of AMC Contract	Brand New/ Second Hand
110.	machinery	Q 311 140.				nemstatement	, tvanasie	7 tive contract	Jecona mana
						(Kindly attach ser	parate annexure if space	e provided is insufficient	†)
 To 	tal Claim Amount:	₹				()			7
• Is	the repair being carrie	ed out inho	ouse a	t repairer's place					
• If	at repairer's place, kin	ndly provide the d	etails of repa	irer:					
Pr	ovide Job-Work estim	ate alongwith pro	oforma invoid	es of spare parts	s to be replaced: .				
• Gi	ve details of other ins	surances covering	same proper	ty, if any:					
• De	etails of previous losse	es, if any:							
	'	. ,							
DECL A	ARATION								
		haraby to the bas	t of mulaur l	rnourladge and h	valiaf warrant tha	truth of the foregoi	na statements in s	war rachaeti and	1/1/2 20x20 that
	he above named, do l ave made , or make ir								
	cealment of any mate t of past or future loss		,	shall be absolute	ely forfeited, and t	he policy shall be n	ull and void, and a	all rights to recover	r there under in
espec	t of past of future loss	S/accident Shall De	e forfeited.						
Place:									
out.								Signature of	Insured
PLEAS	E SUBMIT THE FOLL	OWING DOCUME	ENTS ALONG	WITH THE CLA	IM FORM WITHIN	I 14 DAYS.			
	otographs								
2 (0)	ou of log book ontry								

- Photographs
 Copy of log book entry
 Estimate of Loss
- 4. Invoice / Bills

Extent of damage with loss estimate: