



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

Fire Insurance Claim Form

1. Name and Address of Insured:
2. Please give following details pertaining to all the policies involved in fire accident:

Policy Number	Risk Covered	Location	Sum Insured	Estimated amount of loss
(i)				
(ii)				
(iii)				

3. Period of Insurance:
4. Date and Time of Loss:
5. Nature and Cause of Loss
(Please describe the circumstances leading to the loss)
6. Give details of insurance with any other insurance company on the risk involved in fire/accident
7. If insured is not sole owner, the nature of his/their interest in the property and details of other interests
8. Whether loss intimated to
 - (1) Police
 - (2) Fire Brigade
9. (i) Was any claim reported in the past on the same property during current policy period.

(ii) If so, give details regarding:

- (a) Cause
- (b) Date of incident
- (c) Claim
- (d) Policy Issuing Office
- (e) Amount of claim paid/Outstanding Rs.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

PLACE:

DATE:

Signature of Insured

To be filled in by Dev. Officer/Br./D.O.

Fire Claim No. _____

Branch/ D.O. Code NO.	R.O. Code No.	Dev. Officer's Code No.	Agency Code No.	Premium Payment Particulars		
				Receipt No BG/ CD No	Date of Payment	Amount Rs.