



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing Office
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ALL RISKS INSURANCE CLAIM FORM

(THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY)

1	Name and Address
2	Policy No.
3	Date of Loss/Accident
4	Description of Loss or Damage
5	Cause of Loss or Damage
6	If by Theft a) Time and Day b) How Committed c) By whom discovered and when d) Have Police been notified, If so, when e) State result of Policy Investigation, if any
7	Are you insured against the present loss Under any other Policy

I declare that foregoing statement are true to the best of my knowledge and belief, that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstance above described, and that such articles and property belong to the person named, no other person having any interest therein whether as owner, Mortgagee, Trustee or otherwise.

Place \_\_\_\_\_

Date \_\_\_\_\_

Insured's Signature

All Risk Insurance Policy being a Contract of Indemnity, all claims must be based upon the actual value of the articles at the time of loss, due allowance being made for wear and tear

Full description of articles stolen or property damaged or lost	To whom the articles or property belonged	From whom purchased or received (Named and Address)	Date of purchased or received	Cost	Deduction for wear and Tear	Sum claimed being present value