

THE ORIENTAL INSURANCE COMPANY LIMITED
10th Floor Hansalaya, Barakhamba Road, New Delhi

CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)
WITHOUT PREJUDICE

The Divisional /Branch In -charge
 The Oriental Insurance Co.Ltd.

CLAIM NO. _____
 POLICY _____
 PERIOD: FROM _____ TO _____
 DATE OF LOSS: _____

Dear Sir,

RE: CLAIM UNDER SWEET HOME INSURANCE POLICY NO. _____

I furnish hereunder the details of claim in respect of myself/spouse/my household article _____ covered under Sweet Home Policy for your necessary action.

1. Name of Insured/claimant : _____
2. Details of Bank Account : S. B. Account No. _____
 _____ Bank
3. Residential address : _____

4. Telephone No. : _____
5. Other co-existing identical insurance, if any, details thereof : _____
6. Previous claim, if any, details thereof : _____
7. Details of current claim: _____

Sr. No.	Section	Date of occurrence of loss	Cause of Loss / Accident **	Brief description of loss**	Details of articles damaged/ stolen	Sum insured of the article damaged/ lost.	Details of FIR/Fire Brigade report/ Doctors report/ post-mortem report*
1.	I - Fire (Building)						
2.	II- Fire (contents)						
3.	III- Burglary						
4.	IV - Breakdown of household gadgets						
5.	V - PA						

I/We declare that foregoing statement are true to the best of my/our knowledge and belief , that the articles and property described hereinabove were damaged/stolen/injuries/death to self/spouse under the circumstance above described and that such articles and property belong to the persons named, and no other persons having any interest therein whether as owner/ Mortgagee/Trustee or other wise. I/We further declare that if I/we have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement and or suppression and or concealment , my /our claim shall absolutely forfeited and the policy in question shall be null and void.

Signature of the Insured/Claimant

Date: _____ Place: _____
 Encls: 1. _____ 2. _____ 3. _____ 4. _____

* To furnish the required document depending upon the type of claim.

** In case the space provided for in the format is insufficient kindly mention overleaf..