

Flexi Home Insurance

Claim Form

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No.		Claim No.																	
Period of Insurance From	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	To	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

A. DETAILS OF INSURED/CLAIMANT

1. Name as per Policy	S U R N A M E M I D D L E N A M E F I R S T N A M E																											
2. Address	Plot No/Door No.									Building Name																		
	Road											Area																
	City											Pincode																
	State																											
3. Contact Details	Phone No.											Mobile																
	E-mail Id																											

B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss

D	D	M	M	Y	Y	Y	Y
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Time of Loss

 :

 a.m./p.m.

2. Loss Location Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

3. Contact Details of person/s at Loss Location

Name

Relationship with Insured

Contact Details

Phone No.

Mobile

E-mail Id

4. Describe Cause of Loss/Damage

5. Estimated Loss (Rs.)

a) Building

b) content

c) FFF

d) Loss of rent

e) Others 1

f) Others 2

Please tick the box for claiming the loss / damaged under section

I. Damaged to property due to fire peril i.e. (Fire, STFI, RSMD, Earthquake and lighting)	VII. Valuable Contents	XIII. Tenant Liability Cover
II. terrorism	VIII. Personal Accident Cover	XIV. Pet Insurance
III. Employees Compensation Insurance	IX. Accidental Damage Cover – General Contents	XV. Loss of Key
IV. Public Liability	X. Temporary Resettlement Expenses	XVI. Loss of Rent & Rent for Alternative Accommodation
V. Burglary / Theft of contents & personal belongings (on FLB)	XI. EMI Protection	XVII. Loss of Cash while transit
VI. Contents (excluding Jewellery)	XII. Electrical Clause / Electrical Installation Clause	XVIII. Fine Art

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

☐ Yes ☐ No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name

Road Area

City Pincode

State

4. Contact Details

Phone No. Mobile

E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

☐ Yes ☐ No

If 'No', reason for not reporting

If 'Yes', provide details

☐ Fire ☐ Police ☐ Municipality ☐ Other

2. Name of Authority

3. Information Report No./ Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance?

☐ Yes ☐ No

If 'Yes', specify details and attach a copy of the policy

Policy Number	Coverage details	Sum insured	Period of Insurance

D. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

E. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

☐ Yes ☐ No

If 'Yes', specify

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place

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Signature of Insured/Claimant _____

Date:

D	D	M	M	Y	Y	Y	Y
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Name of Insured/Claimant _____