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LONG TERM HOME INSURANCE POLICY

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.

	icy No.	D M Y Y Y To D M Y Y Y Y	
	A. DETAILS OF INSURED/C	LAIMANT	
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	Е
2.	Address	Plot No/Door No.	
		Road Area	
		City Pincode	
		State	
3.	Contact Details	Phone No.	
		E-mail Id	
4.	Brief Description of Busines	s	
	/Office/Industry/Occupation	·	
5.	Limits of Indemnity under the Policy (Rs.)		
	B. DETAILS OF LOSS/ACCI	DENT	
	B. DETAILS OF LOSS/ACCII Date of Loss	D D M M Y Y Y Time of Loss Image: State	
1.			
1.	Date of Loss	D D M Y Y Y Time of Loss : a.m./p.m.	
1.	Date of Loss	D D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Image: Construction of Loss	
1.	Date of Loss	D D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Image: Constraint of Loss Image: Const	
1. 2.	Date of Loss	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. I	
1. 2.	Date of Loss Loss Location Address	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: City Image: City <td>E</td>	E
1. 2.	Date of Loss Loss Location Address Contact Details of person/s	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: City Image: City <td>E</td>	E
1. 2.	Date of Loss Loss Location Address Contact Details of person/s Name	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: City Image: City <td></td>	
1. 2.	Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: City Image: City <td>E</td>	E
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	E
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	E
 1. 2. 3. 4. 	Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of Loss/Damage Estimated Loss (Rs.)	D M M Y Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Building Name Image: Constraint of the second of th	E
 1. 2. 3. 4. 	Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of Loss/Damage	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	E

WITNESS DETAILS

1.	Were there any witnesses to the loss/accident?																[Yes			No)							
	lf 'Yes',																		-			-								_
2.	Name as Person/s	S U		Ν	A	Μ	E	 		Μ		D	D		E	Ν		N	E			F		R	S	Т	Ν	A	Μ	E
3.	Address	Plot No	o/Doc	or No	o.										Bui	Iding	g Nar	ne												
		Road													Are	a														
		City													Pin	code	e								I					
		State																												
4.	Contact Details	Phone	No.												Мо	bile		[
	E-mail Id																													
IN	FORMATION TO AUTHORIT	ΓY	_																											
1.	Has the loss been reported t		Ithori	ty?														[Yes			No)						
	If 'No', reason for not reporting																													
	If 'Yes', provide details			м	unio	cipa	lity		Other																					
2.	Name of Authority																													
3.	Information Report No./ Authority Reference No.														Dat	te	D	D	Μ	Μ	Y	Y	Y	Y	I					
4.	Contact Person/s	S U	R	Ν	А	Μ	Ε			Μ		D	D	L	Е	Ν	A /	N	E			F		R	S	Т	Ν	A	Μ	Е
5.	Address	Plot No/Door No.									ne	[
		Road													Are	a														
		City															Э	[
		State													I															
6	Contact Details	Phone													Mobile															
0.		E-mail	Г																											
		L-mail	iu [
	C. DETAILS OF OTHER INS	URANC	E																											
1.	Is the loss/damage covered u	under ar	ny otł	ner I	nsuro	ance	e?											[Yes	[No	,						
	If 'Yes', specify details and attach a copy of the policy																													
2	Name of Insurer																													
	Address	Plot No		or No								-			Bui	Idinc	g Nan													
0.		Road													Are		jitan]												
		City														u code		Ĺ					\exists		I]
															PIN	code	2	L												
		State	[Γ												
4.	Contact Details	Phone	Г												Мо	bile														
		E-mail	Id [1							1															
5.	Policy No.																, , ,		1				1							
6.	Period of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y				То	D	D	Μ	Μ	Y	Y	Y	Y								
7.	Sum Insured (Rs.)																													

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D. DETAILS OF OTHER INTEREST

1.	Is the Insured the Sole Owne	er of the property?	
	If 'No', specify		
2.	Nature of Interest		
3.	Person/s who has/have interest on property		
4.	Address	Plot No/Door No.	
		Road Area	
		City Pincode	
		State	
5.	Contact Details	Phone No. Mobile	
		E-mail Id	

E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

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

F. PAYEE DETAILS (*All fields are mandatory)													
Bank Name		Bank Branch											
Bank Account No.		IFSC Code											
MICR No.		PAN No.											

Note: It is agreed that the Policyholder/Claimant will intimate in writing to SBI General about any change in bank account details. Please attach a cancelled cheque pertaining to the same account. In case premium is issued from the same bank account through cheque, the cancelled cheque is not required.

G. 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.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group(please strike this clause in case you do not wish to disclose the personal data).

Place														Signature of Insured/Claimant
Date:	D	D	Μ	Μ	Y	Y	Y	Y						Name of Insured/Claimant

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