

SURAKSHA AUR BHAROSA DONO

(A joint venture between of State Bank of India and Insurance Australia Group)

Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

ALL RISK 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

| | oer | | Period of Insurance | e to | |
|--|--|-------------------------|---------------------|-------------|--|
| Claim Numb | oer | | - < | | |
| A. | DETAILS OF INS | SURED/CLAIMANT | | | |
| Name as per polic | cy | | | | |
| Address | | | | | |
| | | | | | |
| Contact Details | City | | | Pin Code | |
| | Phone Number | ^ | Mobile Number | Email ID | |
| Brief Description of | f Business /Office/Industry | y/Occupation | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| В. | DETAILS OF LO | SS/ACCIDENT | | | |
| | | SS/ACCIDENT | Time of Loss | A.M. / P.M. | |
| Date of Loss | | SS/ACCIDENT | Time of Loss | A.M. / P.M. | |
| Date of Loss | | SS/ACCIDENT | Time of Loss | A.M. / P.M. | |
| Date of Loss | | SS/ACCIDENT | Time of Loss | A.M. / P.M. | |
| Date of Loss Loss Location Address | | | | | |
| Date of Loss Loss Location Address | //_ | State_ | | A.M. / P.M. | |
| Date of Loss Loss Location Address (Contact Details of | Cityperson/s at Loss Location | State_ | | Pin Code | |
| Date of Loss Loss Location Address (Contact Details of Name | Cityperson/s at Loss Location | State | | Pin Code | |
| Date of Loss Loss Location Address Contact Details of Name | Cityperson/s at Loss Locationsured | State | | Pin Code_ | |
| Date of Loss Loss Location Address Contact Details of Name | Cityperson/s at Loss Locationsured | State | | Pin Code | |
| Date of Loss Loss Location Address Contact Details of Name Relationship with Ir | City person/s at Loss Locationsured | State On Mobile Number | | Pin Code | |
| Date of Loss Loss Location Address Contact Details of Name Relationship with Ir | City person/s at Loss Locationsured | State On Mobile Number | Email ID | Pin Code | |
| Date of Loss Loss Location Address Contact Details of Name Relationship with Ir Phone Number Describe Cause of | City person/s at Loss Location nsured f Loss/Damage | State on Mobile Number | Email ID | Pin Code | |
| Date of Loss Loss Location Address Contact Details of Name Relationship with Ir Phone Number Describe Cause of | City person/s at Loss Location nsured f Loss/Damage | State on Mobile Number | Email ID | Pin Code | |

| WITNESS DETAILS | INFORMATION TO AUTHORITY |
|--|---|
| Were there any witnesses to the loss / accident? | Has the loss been reported to an Authority (Yes) (No), |
| (Yes) (No), If 'Yes', | If 'No', reason for not reporting |
| Name of Person/s | If "Yes", provide details |
| | Fire Police Municipality Other |
| Address | Name of Authority |
| | Information Report No./Authority Reference No. and Date |
| CityState | |
| Pin Code | Contact Person/s |
| Phone Number | Address |
| Mobile Number | |
| Email ID | CityState |
| | Pin Code |
| | Phone Number |
| | Mobile Number |
| | Email ID |
| | |
| C. DETAILS OF OTHER INSURANCE | |
| Is the loss/damage covered under any other Insurance (Yes) | \square (No), If 'Yes', specify details and attach a copy of the policy |
| Name of Insurer: | |
| | |
| Address | |
| CityState | PinCode |
| | EmailID |
| Policy No. | Period of Insuranceto |
| Sum Insured (Rs.) | |
| | |
| D. DETAILS OF OTHER INTEREST | |
| | |
| Is the Insured the Sole Owner of the property? \square (Yes) \square (No), If 'N | lo', specify |
| Nature of Interest | |
| Person/s who has/have interest on property | |
| Address | |
| | |
| | PinCode |
| Phone NumberMobileNumber | EmailID |
| | |

| Separate Monufacture Mon | E. C | DETAILS OF ITEMS AFFECTED | 1 | | | | | |
|---|---|---|---|---------------------------------------|--------------------------------------|--|---------------------------------------|--|
| Parts affected Cost of Repair [Yes] Cost of Repair Parts affected Cost of Repair [Yes] | of | | Machine/Serial | Insured | | of | Cost of Repair/Replacemer (Rs.) | |
| Date of Repair Date of Repair | | | | | | | | |
| The repoir being carried out in house? Trest', specify and submit Job-Work estimates along with Pro-forma invoices of Spare Parts to be replaced Trest', specify following details | | | nsihš | | | | (Yes) (No) | |
| the repair being carried out in house? 'Yes', specify and submit Job-Work estimates along with Pro-forma Invoices of Spare Parts to be replaced 'No" specify following details tame of the Repairer tame of contact person/s didress G. DETAILS OF PREVIOUS LOSSES Cosses during the 3 preceding years Date of Loss Claim Description and Cause of Loss Value of Loss (Rs.) Insurer H. DETAILS OF OTHER INFORMATION To 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 soid accident, any face or fraudulent statement, or any suppression or concediment, 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 post or future loss/accident shall be torfeited and the Policy shall be null and void, and all rights to recover there under in respect of post or future loss/accident shall be torfeited and the Policy shall be null and void, and all rights to recover there under in respect of post or future loss/accident shall be torfeited and the Policy shall be null and void, and all rights to recover there under in respect of post or future loss/accident shall be torfeited. | Date of Repai | air Nature of R | Pepair Pepair | Po | arts affected | С | ost of Repair(Rs.) | |
| the repair being carried out in house? 'Yes', specify and submit Job-Work estimates along with Pro-forma Invoices of Spare Parts to be replaced '" No" specify following details larne of the Repairer larne of contact person/s didress City State PinCode MobileNumber EmailED G. DETAILS OF PREVIOUS LOSSES asses during the 3 preceding years Date of Loss Claim Description and Cause of Loss Value of Loss (Rs.) Insurer H. 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 face or froudulent statement, or any suppression or concediment, my/our claim shall be absolutely forfeited and the Policy shall be null and void, and all lights to recover there under in respect of post or future loss/accident shall be torfeited and the Policy shall be null and void, and all lights to recover there under in respect of post or future loss/accident shall be forfeited and the Policy shall be null and void, and all lights to recover there under in respect of post or future loss/accident shall be forfeited. | F. [| DETAILS OF REPAIR/REPAIRE | R | | | ' | | |
| "No" specify following details ame of the Repairer ame of contact person/s didress thy State PinCode hone Number MobileNumber EmailD G. DETAILS OF PREVIOUS LOSSES asses during the 3 preceding years Date of Loss Claim Description and Cause of Loss Value of Loss (Rs.) Insurer H. DETAILS OF OTHER INFORMATION to 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 faste or fraudulent statement. Or any suppression or concediment, 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 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. | he repair being carried | d out in house? | | | | [(Ye | es) \square (No), | |
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| ity | | | | | | | | |
| State PinCode hone Number MobileNumber EmailED G. DETAILS OF PREVIOUS LOSSES osses during the 3 preceding years Date of Loss Claim Description and Cause of Loss Value of Loss (Rs.) Insurer H. DETAILS OF OTHER INFORMATION To 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 solid accident, any foliose or fraudulent statement, or any suppression or concediment, my/out plans half 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 | | n/s | | | | | | |
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| | Place | | Signature | | | | | |
| Date Name of Insured/Claimant | Date | | Name | of Insure | d/Claimant_ | | | |