

SME PACKAGE 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

Policy Number _____

Period of Insurance _____ to _____

Claim Number _____

SECTION I - STANDARD FIRE AND SPECIAL PERILS

A. DETAILS OF INSURED/CLAIMANT

Name as per policy	_____
Address	_____ _____
City	_____
State	_____
Pin Code	_____
Contact Details	Phone Number _____ Mobile Number _____ Email ID _____
Brief Description of Business /Office/Industry/Occupation	_____ _____
Limits of Indemnity under the Policy (Rs.)	_____

B. DETAILS OF LOSS/ACCIDENT

Date of Loss ____/____/____		Time of Loss ____ A.M. / P.M.	
Loss Location			
Address _____ _____			
City _____		State _____ Pin Code _____	
Contact Details of person/s at Loss Location			
Name _____			
Relationship with Insured _____			
Phone Number _____		Mobile Number _____ Email ID _____	
Describe Cause of Loss/Damage _____ _____			
Estimated Loss (Rs.)			
(a) Building _____		(b) P&M _____ (c) FFF _____	
(d) Stocks _____		(e) Others1 _____ (f) Others2 _____	

WITNESS DETAILS	INFORMATION TO AUTHORITY
Were there any witnesses to the loss / accident? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes', Name of Person/s _____ Address _____ City _____ State _____ Pin Code _____ Phone Number _____ Mobile Number _____ Email ID _____	Has the loss been reported to an Authority <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'No', reason for not reporting _____ If "Yes", provide details <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other Name of Authority _____ Information Report No./Authority Reference No. and Date _____ Contact Person/s _____ Address _____ City _____ State _____ Pin Code _____ Phone Number _____ Mobile Number _____ Email ID _____

C. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance (Yes) (No). If 'Yes', specify details and attach a copy of the policy

Name of Insurer: _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

Policy No. _____ Period of Insurance _____ to _____

Sum Insured (Rs.) _____

D. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? (Yes) (No). If 'No', specify

Nature of Interest _____

Person/s who has/have interest on property _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

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. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? (Yes) (No). If 'Yes', specify

SECTION II - BURGLARY INSURANCE

A. DETAILS OF LOSS/ACCIDENT

Date of Loss ____/____/____		Time of Loss ____ A.M. / P.M.	
Loss Location			
Address _____			

City _____		State _____	
Pin Code _____			
Contact Details of person/s at Loss Location			
Name _____			
Relationship with Insured _____			
Phone Number _____		Mobile Number _____	
Email ID _____			
Describe Cause of Loss/Damage _____			

Estimated Loss (Rs.) _____			
WITNESS DETAILS		INFORMATION TO AUTHORITY	
Were there any witnesses to the loss / accident?		Has the loss been reported to an Authority <input type="checkbox"/> (Yes) <input type="checkbox"/> (No),	
<input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes',		If 'No', reason for not reporting _____	
Name of Person/s _____		If "Yes", provide details	
_____		<input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other	
Address _____		Name of Authority _____	
_____		Information Report No./Authority Reference No. and Date	
City _____ State _____		_____	
Pin Code _____		Contact Person/s _____	
Phone Number _____		Address _____	
Mobile Number _____		_____	
Email ID _____		City _____ State _____	
		Pin Code _____	
		Phone Number _____	
		Mobile Number _____	
		Email ID _____	

B. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance (Yes) (No). If 'Yes', specify details and attach a copy of the policy

Name of Insurer: _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

Policy No. _____ Period of Insurance _____ to _____

Sum Insured (Rs.) _____

C. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? (Yes) (No). If 'No', specify

Nature of Interest _____

Person/s who has/have interest on property _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

D. DETAILS OF PREMISES

Specify occupancy of premises- Dwelling Office Shop Warehouse/Godown Industry Others _____

Is entry or exit from premises affected? (Yes) (No) If "Yes" specify _____

Is any portion of the premises damaged? (Yes) (No) If "Yes" specify _____

Was the premises being occupied as on date of loss ? (Yes) (No) If "No" specify date of last occupancy ____/____/____

State the total value of property upon the premises at the time of loss Rs. _____

Is the property covered under Standard Fire and Special Perils Policy? (Yes) (No) If "Yes" specify

Name of Insurer: _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

Policy No. _____ Period of Insurance _____ to _____

Sum Insured (Rs.) _____

(Attach Policy Copy)

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. 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 loss/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 _____

Signature _____

Date _____

Name of Insured/Claimant _____