

CLAIM FORM

JEWELLER'S BLOCK INSURANCE POLICY

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

(To be filled in block letters)

- 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:

Period of Insurance From to

Claim Number:

1.	Name of Claimant /Insured	<input type="text"/>
2.	Brief description of business	<input type="text"/>
3.	Address for correspondence	<input type="text"/> <input type="text"/> City: <input type="text"/> Pin Code: <input type="text"/> State: <input type="text"/> Phone No: <input type="text"/> Mobile No: <input type="text"/> E-mail ID: <input type="text"/>
4.	Date of discovery of loss	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time of Loss <input type="text"/> <input type="text"/> A.M. / P.M.
5.	Brief Description of loss	<input type="text"/> <input type="text"/>
6.	Location of loss	<input type="text"/>
7.	Item/s affected by loss	<input type="text"/>
8.	Cause of loss	<input type="text"/> <input type="text"/>

Contact Details of person/s at Loss Location

9.	Name	<input type="text"/>
10.	Address	<input type="text"/> <input type="text"/> City: <input type="text"/> Pin Code: <input type="text"/> State: <input type="text"/> Phone No: <input type="text"/> Mobile No: <input type="text"/> E-mail ID: <input type="text"/>
11.	Relationship with the Insured	<input type="text"/>

19.	Details of previous losses in past three years (if any)			
	Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer
20.	Any other information which you wish to provide			

I/We, hereby agree, affirm, and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the Policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the Policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my/our claim shall be absolutely forfeited.
- The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Date:

Place

Name of Insured/Claimant

Signature of Insured/Claimant