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 D D M M Y Y Y Y to D D M M Y Y Y Y											
Claim Number:											
1.	Name of Claimant /Insured										
2.	Brief description of business										
3.	Address for correspondence										
		City:									
		Pin Code: State:									
		Phone No:									
		Mobile No:									
	E-mail ID:										
4.	Date of discovery of loss	D D M Y Y Y Time of Loss A.M. / P.M.									
5.	Brief Description of loss										
6.	Location of loss										
7.	Item/s affected by loss										
8.	Cause of loss										
Con	tact Details of person/s at Loss Location										
9.	Name										
10.	Address										
		City:									
		Pin Code:									
		State:									
		Phone No:									
		Mobile No:									
		E-mail ID:									
11.	Relationship with the Insured										

SBI General Insurance Company Limited, V Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. |CIN: U66000MH2009PLC190546 | Collinge: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | SBI General Jeweller's Block Insurance Policy, UIN: IRDAN144CP0003V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

12.	Estimate of loss	Rs. Please attach supporting sheet with breakup)											
13.	Section of the Policy under which the claim is being lodged												
	Name of the Police Station :	FIR No. Date: D M Y Y											
		(Please enclose original or certified copy of FIR)											
14.	Were there any witnesses to the loss / accident?	Yes No , If 'Yes'											
	Name:												
	Address:												
		City:											
		State: Pin Code:											
		Phone No:											
		Mobile Number: E-mail ID:											
15.	Whether any media supporting like CCTV footage/news available for reported incident	Yes No											
16.	Name of the Carrier/Authority in whose custody the loss has taken place (if applicable)												
	Has the claim been lodged on the Carrier/ Authority	Yes No Provide details if applicable											
17.	Is the loss/damage covered under any other Insurance	Yes No											
		If 'Yes', specify details and attach a copy of the policy & update:											
		Policy No.:											
		Insurance Company:											
		Period of Insurance: D D M M Y Y Y to D D M M Y Y Y Y Sum Insured (Rs.):											
10	Is Insured the Sole Owner of the affected												
18.	property	Yes No											
		If 'No', specify details of other person/entity having interest in property: Name:											
		Nature of interest:											
		Name:											
		Address:											
		City:											
		State:											
		Phone No:											
		Mobile Number:											
		E-mail ID:											

SBI General Insurance Company Limited, Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. |CIN: U66000MH2009PLC190546 | \Tollfree: 18001021111 | @ customer.care@sbigeneral.in | @ www.sbigeneral.in | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 |SBI General Jeweller's Block Insurance Policy, UIN: IRDAN144CP0003V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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 informat to provide	ion which you wish												

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:	D	D	\mathbb{M}	\mathbb{M}	Y	Y	Y	Y					
Place													
Name of Insured/Claimant													

Signature of Insured/Claimant