

CLAIM FORM
SBI General Bharat Laghu Udyam Suraksha
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 _____

A. DETAILS OF INSURED/CLAIMANT

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

SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021

B. DETAILS OF LOSS/ACCIDENT

Date of Loss ____/____/_____
P.M.

Time of Loss _____ A.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.)

SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021

(a) Building _____ (b) P&M _____ (c) FFF _____

(d) Stocks _____ (e) Others1 _____ (f) Others2 _____

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

SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021

Email ID _____ _____	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





SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021

_____ 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? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'No', specify
Nature of Interest _____ _____
Person/s who has/have interest on property _____ _____
Address _____ _____ _____ _____
City _____ State _____ PinCode _____
Phone Number _____ MobileNumber _____ EmailID _____

SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021

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 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 _____

SBI General Insurance Company Limited.  Registered and Corporate Office: "Natraj" 301, Junction of Western Express Highway & Andheri Kurla – Road, Andheri (East), Mumbai – 400 069 | CIN: U66000MH2009PLC190546 |  Toll free: 18001021111 |  customer.care@sbigeneral.in |  www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0030V02202021