

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

Yes No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

Yes No

If 'No', reason for not reporting

If 'Yes', provide details

Fire Police Municipality Other

2. Name of Authority

3. Information Report No./ Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

6. Contact Details

Phone No. Mobile
E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance?

Yes No

If 'Yes', specify details and attach a copy of the policy

2. Name of Insurer

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

5. Policy No.

6. Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

7. Sum Insured (Rs.)

D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property?

Yes No

If 'No', specify

2. Nature of Interest

3. Person/s who has/have interest on property

4. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

5. Contact Details

Phone No. Mobile
E-mail Id

E. DETAILS OF PREMISES

1. Specify occupancy of premises

Dwelling Office Shop Warehouse/Godown Industry Others _____

2. Is entry or exit from premises affected?

Yes No

If 'Yes', specify

3. Is any portion of the premises damaged?

Yes No

If 'Yes', specify

4. Was the premises being occupied as on date of loss?

Yes No

If 'No' specify date of last occupancy

5. State the total value of property upon the premises at the time of loss (Rs.)

6. Is the property covered under Standard Fire and Special Perils Policy?

Yes No

If 'Yes', specify

7. Name of Insurer

8. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

9. Contact Details

Phone No. Mobile
E-mail Id

10. Policy No.

11. Period of Insurance

From To

12. Sum Insured (Rs.)

(Attach Policy Copy)

F. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

G. 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 of Insured/Claimant _____

Date:

Name of Insured/Claimant _____