

Call (Toll Free) 1800 22 1111 | 1800 102 1111 www.sbigeneral.in

STANDARD FIRE AND SPECIAL PERILS 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.

Pol	licy No.	Claim No.	_
Per	riod of Insurance From D	D M M Y Y Y Y To D D M M Y Y Y	
	A. DETAILS OF INSURED/C	LAIMANT	
1	Name as per Policy	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	-
	Address	Plot No/Door No.	
Ζ.	Address		_
		Road Area	
		City Pincode	
		State	
3.	Contact Details	Phone No.	
		E-mail Id	
4.	Brief Description of Business /Office/Industry/Occupation		
5.	Limits of Indemnity under		
	the Policy (Rs.)		
	B. DETAILS OF LOSS/ACCIE	DENT	
	B. DETAILS OF LOSS/ACCIE		
	B. DETAILS OF LOSS/ACCIE Date of Loss	DENT	
1.			
1.	Date of Loss	D D M M Y Y Y Time of Loss Image: Construction of Loss Image: Construction of Loss Image: Construction of Loss Image: Construction of Loss	
1.	Date of Loss	D D M M Y Y Y Plot No/Door No. Image: Constraint of the second	
1.	Date of Loss	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Image: Constraint of the state of the	
1. 2.	Date of Loss	D M M Y Y Y Time of Loss :	
1. 2.	Date of Loss Loss Location Address	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: City Image: City <td></td>	
1. 2.	Date of Loss Loss Location Address Contact Details of person/s of	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Building Name Image: Constraint of the second of the s	
1. 2.	Date of Loss Loss Location Address Contact Details of person/s of Name	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Building Name Image: Constraint of the second of the s	
1. 2.	Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe Cause of	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe Cause of	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe Cause of Loss/Damage	D M M Y Y Y Time of Loss : a.m./p.m. Plot No/Door No. Building Name Area Image: Constraint of the state of the st	

WITNESS DETAILS

1.	Were there any witnesses to the loss/accident?													Yes	5 [No	,											
	If 'Yes',																												
2.	Name as Person/s	S U	R	Ν	A	Μ	Е			Μ		D	D	L	E N	A	Μ	Ε			F	I	R	S	Т	Ν	A	Μ	Е
3.	Address	Plot No	o/Doc	or No	o. [Buildir	ng l	Name												
		Road													Area														
		City													Pincod	de													
		State																											
4.	Contact Details	Phone	No.												Mobile	е													
		E-mail	Id [1																
IN	FORMATION TO AUTHORIT	Y	L																										
1.	Has the loss been reported t	o an Ai	ıthori	ty?															Yes	, [No)						
	If Yes', Name as Person/s S U R N A M E M I D L E N Address Plot No/Door No. I I I D L E N Address Plot No/Door No. I																												
	If 'Yes', provide details	F	ire			Pol	lice			м	unic	cipal	ity		Other														
2.	Name of Authority																												
3.]	Date		D	Μ	Μ	Y	Y	Y	Y						
4.	Contact Person/s	S U	R	Ν	А	Μ	Ε			Μ		D	D	L	E N	A	Μ	Е			F		R	S	Т	Ν	А	Μ	Е
5.	Address	Plot No	o/Doc	or No	o. [Buildir	ng l	Name												
		Road													Area														
		City													Pincod	de													
		State																											
6.	Contact Details	Phone	No.												Mobile	e													
		E-mail	Id [
6. Contact Details Phone No.																			-	-									
	C. DETAILS OF OTHER INSU	JRANC	E																										
1.	Is the loss/damage covered u	under a	ny otł	her l	nsur	ance	?												Yes	; [No							
2.								Γ		Τ																			
		Plot No)/Doc	or No	 . [-						_	Buildir		Jame												
																.9.											\exists		
																ما													
															TINCOC														
٨															Mobile	_													
4.	Contact Details		Г												MODIIE														
F	D-line N-	E-mail			1			1		T]														
	Policy No.		D	D	M	A.A.	Y	Y	Y	Y	1]		-				M	۱ Y	Y	Y	\sim	1							
		From			///	Μ	Ť		T	T] T		1	Го 			M	ι Τ	Т	Ť	Ť								
7.	Sum Insured (Rs.)																												

2—

D. DETAILS OF OTHER INTEREST

1.	Is the Insured the Sole Owne	er 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 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 prov	vide 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													
Date:	D	D	M	M	Y	Y	Y	Y					

Signature of Insured/Claimant ____

Name of Insured/Claimant

-(3