Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

CLAIM FORM
CONSEQUENTIAL LOSS OF PROFITS

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

Phone Number _____________________ Mobile Number________________ Email ID _____________________________

Brief Description of Business /Office/Industry/Occupation

____

Limits of Indemnity under the Policy (Rs.)____

B. DETAILS OF LOSS/ACCIDENT

Date of Loss _____/_____/________ Time of Loss ________A.M. / P.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.)

(a) Building _________________________ (b) P&M______________________________(c)FFF_________________________

(d) Stocks___________________________ (e) Others1____________________________(f)Others2_______________________

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WITNESS DETAILS	INFORMATION TO AUTHORITY
Were there any witnesses to the loss / accident? ☐(Yes) ☐(No), If 'Yes', Name of Person/s___________ ___________ Address ___________ ___________ City___________ State___________ Pin Code___________ Phone Number ___________ Mobile Number___________ Email ID ___________	Has the loss been reported to an Authority ☐ (Yes) ☐(No), If 'No', reason for not reporting___________ If "Yes", provide details ☐Fire ☐Police ☐Municipality ☐Other Name of Authority ___________ Information Report No./Authority Reference No. and Date ___________ Contact Person/s___________ Address ___________ ___________ City___________State___________ 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 ___________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? ☐(Yes) ☐(No), If 'No', specify

Nature of Interest ___________

Person/s who has/have interest on property ___________

Address ___________

____

City___________ ___________State___________PinCode___________

Phone Number ___________MobileNumber___________EmailID___________

E. DETAILS OF CONSEQUENTIAL LOSS

Whether any alteration has been made in the nature of business / occupation of premises after inception of Policy? ☐(Yes) ☐(No),

If "Yes", please give details____

Were the premises occupied at the time of loss? ☐(Yes) ☐(No),

If No, un-occupied since (date) ___/___/_____for (specifyreason/s)____

Details of Material Damage under Standard Fire & Special Perils Policy / MBD Policy

Name of the Insurer____

Address ____

City______________________ ___________State________________________________PinCode______________________________________

Phone Number _______________________MobileNumber______________________EmailID____

Policy No.____ Period of Insurance ________________to_______________

Sum Insured (Rs.) (a)Building __________________________ (b) P&M_______________________________(c)FFF__________________________

(d) Stocks___________________________ (e) Others1____________________________(f)Others2________________________

Occupation of premises at the time of loss : ☐Manufacturing facility ☐Warehouse ☐Shop ☐Office ☐Dwelling

Estimated Loss Material Damage (Rs.)
(a)Building __________________________ (b) P&M_______________________________(c)FFF__________________________

(d) Stocks___________________________ (e) Others1____________________________(f)Others2________________________

Period for which the business was interrupted due to Fire and Special Perils / MBD ____/____/_______to ____/____/________

What was the annual turn-over for the last financial year? Rs.____

What is the estimated reduction in turn-over due to interruption? Rs.____________________________________

What is the estimated loss of Gross Profit due to interruption? Rs.____

Standing Charges / Expenses incurred for Loss Minimization, if any, Rs.______________________________________

Were there any person / organization, in your opinion, responsible for the loss? ☐(Yes) ☐(No),

If "Yes", please provide details along with contact numbers and address, if available (this information will be used only for investigation of this claim and source will not be divulged to the suspected party)____

____

What steps have been taken to prevent recurrence of similar incidence?____

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 ______________________________

Date_____________________ Name of Insured/Claimant_________________________