



SURAKSHA AUR BHAROSA DONO

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

**EVENT CANCELLATION INSURANCE 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

Policy Number _____

Period of Insurance _____ to _____

Claim Number _____

SECTION I – CANCELLATION AND ABANDONEMENT

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.) _____

INFORMATION TO AUTHORITY	
Has the loss been reported to an Authority	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No),
If 'No', reason for not reporting _____ If 'Yes', provide details	
<input type="checkbox"/> Fire	<input type="checkbox"/> Police
<input type="checkbox"/> Municipality	<input type="checkbox"/> 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	<input type="checkbox"/> (Yes) <input type="checkbox"/> (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 INFORMATION

Do you wish to provide any other information? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes', specify	

SECTION II – LEGAL LIABILITY (THIRD PARTY PROPERTY DAMAGE AND BODILY INJURY)

A. DETAILS OF LOSS/ACCIDENT

Date of Loss ____/____/____	Time of Loss _____ A.M. / P.M.
Loss Location	
Address _____ _____	
City _____	State _____
Pin Code _____	
1. Details of Claimant	
Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the Insured).	
Address of the claimant.	
2. Details of Claim or Circumstance	
What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?	
Have proceedings been commenced? If so, please attach a copy of the court documents.	
What amount, if any, is claimed? If known, what does that amount comprise?	

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 loss/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 _____