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

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

LATENT DEFECTS INSURANCE- 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 other 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/DAMAGE

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 the Insured____

Phone Number __________________ Mobile Number______________ Email ID _________________________

Describe Cause of Loss/damage ____

____

Estimated Loss (Rs.)

Estimated Loss ____

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WITNESS DETAILS	INFORMATION TO AUTHORITY
Were there any witnesses to the Loss / damage? ☐(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__________Email ID__________

Policy No.______________________ Period of Insurance __________to__________

Sum Insured (Rs.)__________

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D. DETAILS OF OTHER INTEREST

Is the Insured the sole owner of the Insured Property? ☐(Yes) ☐(No), If 'No', specify

Nature of Interest ____

Person/s who has/have interest on Insured Property

____

Address ____

____

City______________ __________State______________PinCode______________

Phone Number ______________MobileNumber______________EmailID______________

E. DETAILS OF DAMAGED PROPERTY

Description and Nature of Contract for existing work____

____

Duration of Contract and date of completion ______________months / years,____/______/____________

Will the damaged items be repaired____ (please attach an estimate of repairs / replacements)

If by Vendor/Other, Name of the firm____

Address ____

____

City______________ __________State______________PinCode______________

Phone Number ______________MobileNumber______________EmailID______________

Will any alterations / improvements be made to design / construction or material when repairs are carried out ☐ (Yes) ☐(No)

If "Yes", please explain in detail ____

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

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G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐(Yes) ☐(No), If 'Yes',specify

____

____

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I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the correctness, completeness and 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 Lead Insurer may require in respect of the said incident, 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 thereunder shall be forfeited.

Place____________________ Signature ______________________________

Date_____________________ Name of Insured/Claimant_________________________

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION