

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.)

G. DETAILS OF CONSEQUENTIAL LOSS

1. 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 _____

2. Were the premises occupied at the time of loss? Yes No

If 'No', un-occupied since (date) for (specify reason/s) _____

Details of Damage under Material Damage Section under IAR Policy:

3. Name of Insurer

4. Address Plot No/Door No. Building Name

Road Area

City Pincode

State

5. Contact Details Phone No. Mobile

E-mail Id

6. Policy No.

7. Period of Insurance From To

8. Sum Insured (Rs.)

a) Building b) P&M c) FFF

d) Stocks e) Others 1 f) Others 2

9. Occupation of premises at the time of loss: Manufacturing Facility Warehouse Shop Office Dwelling

10. Estimated Loss Material Damage (Rs.)

a) Building b) P&M c) FFF

d) Stocks e) Others 1 f) Others 2

11. Period for which the business was interrupted due to Fire and Special Perils/MBD To

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

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

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

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

16. 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)

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

H. 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 _____