

## CLAIM FORM GRAMIN SAMRIDDHI BIMA

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.)

WITNESS DETAILS	INFORMATION TO AUTHORITY
<p>Were there any witnesses to the loss / accident?</p> <p><input type="checkbox"/> (Yes)    <input type="checkbox"/> (No), If 'Yes',</p> <p>Name of Person /s _____</p> <p>_____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____</p> <p>State _____</p> <p>Pin Code _____</p> <p>Phone Number _____</p> <p>Mobile Number _____</p> <p>Email ID _____</p> <p>_____</p>	<p>Has the loss been reported to an Authority</p> <p><input type="checkbox"/> (Yes)    <input type="checkbox"/> (No),</p> <p>If 'No', reason for not reporting _____</p> <p>_____</p> <p>If "Yes", provide details</p> <p>Fire <input type="checkbox"/>    Police <input type="checkbox"/>    Municipality <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Name of Authority _____</p> <p>_____</p> <p>Information Report No./Authority Reference No. and Date</p> <p>_____</p> <p>_____</p> <p>Contact Person/s _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>City _____</p> <p>State _____</p> <p>Pin Code _____</p> <p>Phone Number _____</p> <p>Mobile Number _____</p> <p>Email ID _____</p> <p>_____</p>

**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 D.**

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 \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_ EmailID \_\_\_\_\_

**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 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 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 Insured/Claimant \_\_\_\_\_

**Additional Information Required Under Section II, III, V & VII ( If Loss caused due to Burglary).**

**Details of Premises:**

Specify occupancy of premises- Dwelling Warehouse/Godown

Is entry or exit from premises affected?  (Yes)  (No)

If "Yes" specify \_\_\_\_\_

Is any portion of the premises damaged?  (Yes)  (No)

If "Yes" specify \_\_\_\_\_

Was the premises being occupied as on date of loss ?  (Yes)  (No)

If "No" specify date of last occupancy \_\_\_/\_\_\_/\_\_\_\_\_

State the total value of property upon the premises at the time of loss Rs. \_\_\_\_\_

Is the property covered under Standard Fire and Special Perils Policy?  (Yes)  (No)

If "Yes" specify

Name of Insurer: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pin Code \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_

EmailID \_\_\_\_\_

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_  
- \_\_\_\_\_ to \_\_\_\_\_

Sum Insured (Rs.) \_\_\_\_\_

(Attach Policy Copy)

**Claim Form Applicable to Section IV:**

Additional Information Required under Section V, VII & VIII( if Loss Caused by Mechanical or Electrical Breakdown or Accidental External Means) :

**A. DETAILS OF ITEMS AFFECTED**

Is the repair being carried out in house?  
(Yes) (No),

If 'Yes', specify and submit Job-Work estimates along with Pro-forma Invoices of Spare Parts to be replaced

If " No" specify following details

Name of the Repairer \_\_\_\_\_  
\_\_\_\_\_

Name of contact person/s \_\_\_\_\_  
\_\_\_\_\_ +

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

PinCode \_\_\_\_\_

Phone Number \_\_\_\_\_ MobileNumber \_\_\_\_\_

EmailID \_\_\_\_\_

**Claim Form Applicable to Section VI:**