

LONG TERM HOME 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 No. | Claim No. | | | | | | | | | | |
| Period of Insurance From | D M M Y Y Y Y To D D M M Y Y Y Y | | | | | | | | | | |
| | | | | | | | | | | | |
| A. DETAILS OF INSURED/CLAIMANT | | | | | | | | | | | |
| 1. Name as per Policy | S U R N A M E | | | | | | | | | | |
| 2. Address | Plot No/Door No. Building Name | | | | | | | | | | |
| | Road Area | | | | | | | | | | |
| | City Pincode | | | | | | | | | | |
| | State State | | | | | | | | | | |
| 3. Contact Details | Phone No. Mobile | | | | | | | | | | |
| | E-mail Id | | | | | | | | | | |
| 4. Brief Description of Business | | | | | | | | | | | |
| /Office/Industry/Occupation | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5. Limits of Indemnity under the Policy (Rs.) | | | | | | | | | | | |
| | | | | | | | | | | | |
| B. DETAILS OF LOSS/ACCII | DENT | | | | | | | | | | |
| 1. Date of Loss | D D M M Y Y Y Y Time of Loss : a.m./p.m. | | | | | | | | | | |
| 2. Loss Location Address | Plot No/Door No. Building Name | | | | | | | | | | |
| | Road Area | | | | | | | | | | |
| | City Pincode | | | | | | | | | | |
| | State State | | | | | | | | | | |
| 3. Contact Details of person/s at Loss Location | | | | | | | | | | | |
| Name | 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 | | | | | | | | | | |
| Relationship with Insured | | | | | | | | | | | |
| Contact Details | Phone No. Mobile | | | | | | | | | | |
| | E-mail Id | | | | | | | | | | |
| 4. Describe Cause of | | | | | | | | | | | |
| Loss/Damage | | | | | | | | | | | |
| 5. Estimated Loss (Rs.) | | | | | | | | | | | |
| a) Building | b) P&M c) FFF | | | | | | | | | | |
| d) Stocks | e) Others 1 f) Others 2 | | | | | | | | | | |

| Were there any witnesses to the loss/cocident? | WITNESS DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------------|---------|-------|------|------|-----|---|----|----------|--------------|------|------|-------|------|-------|------|----|---|----|---|---|----|---|---|---|---|----------|---|---|
| Name as Person's S U N N A M T M 1 D D U T N A M T F 1 N S T N A M T | 1. Were there any witnesses to the loss/accident? | | | | | | Ye | S | | No |) | | | | | | | | | | | | | | | | | | | | |
| 3. Address Plot No/Door No. Building Name Road Area City Pincode State Area Area Area Area Area Area Area Are | | If 'Yes', | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Road City Prince No. State Road Nobile Remail to Remail to Road Nobile | 2. | Name as Person/s | S | J R | Ν | А | Μ | Е | | | Μ | 1 | D | D | L | Е | Ν | А | Μ | Е | | | F | - | R | S | Т | Ν | А | Μ | Е |
| City State 4. Contact Datails Pinone No. E-mail Id INFORMATION TO AUTHORITY 1. Has the lass been reported to an Authority? If 'No', reason for not reporting If 'No', specify data is and caton a copy of the policy If 'No', specify data and caton a copy of the policy If 'No', specify of the insurance and caton a copy of the policy If 'No', specify of t | 3. | Address | Plot No/Door No. Building Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Contact Details | | | Road | | | | | | | | | | | | | Ar | ea | | | | | | | | | | | | | | |
| 4. Contact Details Phone No. Mobile | | | City | | | | | | | | | | | | | Pir | ncod | е | | | | | | | | | | | | | |
| E-mail Id | | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMATION TO AUTHORITY 1. Has the loss been reported to an Authority? If 'No', reason for not reporting If Yes', provide details Fire Police Municipality Other 2. Name of Authority 3. Information Report No / Authority Plot No'Door No. 4. Contact Person's 5. Address Plot No'Door No. Building Name City Pincode State 6. Contact Details Phone No. If Yes', specify details and attach a copy of the policy City Nome of Insurer 3. Address Plot No'Door No. Building Name Pincode Free No. Building Name Pincode State C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes', specify details and attach a copy of the policy City Pincode State Area City Pincode State City Pincode State City Pincode State Area Area Plot No'Door No. Building Name Pincode State City Pincode City Pin | 4. | Contact Details | Phone | . No. [| | | | | | | | | | | | Mo | obile | | | | | | | | | | | | | | |
| Has the loss been reported to an Authority? Yes No | | E-mail Id | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. 4. Contact Person/s 5. Address Plot No/Door No. Road City Pincode State E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes', specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Building Name Whobile Fine Police Municipality Date D D M M Y Y Y Y Y Authority Reference No. Building Name Area H' Yes', specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Building Name Area City Pincode State City Pincode City Pincode State City Pincode State City Pincode City Pin | IN | FORMATION TO AUTHORI | ΓΥ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, provide details 2. Name of Authority 3. Information Report No./ Authority Reference No. 4. Contact Person/s 5. Address Plot No/Door No. Road City Phone No. If Yes, specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Building Name C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes, specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Building Name 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 Aree City Pincode Pincode City Pincode State City Pincode From D D M M Y Y Y Y To | 1. | 1. Has the loss been reported to an Authority? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Authority Reference No. 4. Contact Person/s 5. Address Plot No/Door No. Road City Phone No. E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes, specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Building Name Nobile Yes No Building Name Stote No Building Name Princode Yes No Building Name Area City Princode Stote Area Area | 2. | Name of Authority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Road 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 | 4. | Contact Person/s | S | J R | Ν | А | Μ | Е | | | Μ | 1 | D | D | L | Е | Ν | А | Μ | Е | | | F | - | R | S | Т | Ν | А | Μ | Е |
| City State 6. Contact Details Phone No. E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes', specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Road Area City State 4. Contact Details Phone No. E-mail Id 5. Policy No. 6. Period of Insurance From DDMMYYYYY To DDMMYYYYY | 5. | Address | Plot N | lo/Doc | or No | o. [| | | | | | | | | | Bu | ildin | g Na | me | | | | | | | | | | | | |
| State | | | Road | | | | | | | | | | | | | Ar | ea | | | | | | | | | | | | | | |
| 6. Contact Details Phone No. E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? If Yes', specify details and attach a copy of the policy 2. Name of Insurer 3. Address Plot No/Door No. Road City Pincode State 4. Contact Details Phone No. 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 | | | City | | | | | | | | | | | | | Pir | ncod | е | | | | | | | | | | | | | |
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| 1. Is the loss/damage covered under any other Insurance? Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. Contact Details Phone No. 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 Y | | | | | | | T | | | | | | | | | | | e | [| | | | | | | | | | | | |
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| E-mail Id 5. Policy No. 6. Period of Insurance From DDMMYYYYY To DDMMYYYYY To DDMMYYYYY To DDMMYYYYY To DDMMYYYYYY | 4 | Contact Details | | No | | | | | | | | | | | | Ma | hile | | | | | | | | | | | | | | |
| 5. Policy No. 6. Period of Insurance From DDMMYYYYY To DDMMYYYYY | •• | Contact Details | | _ | | | | | | | | | | | | 7710 | | | l | | | | | | | | | | | | |
| 6. Period of Insurance From DDMMYYYY To DDMMYYYYY | 5 | Policy No | | | | | | | Ī | | <u> </u> | Τ | | | | 1 | | | | | | | | | | | | | | | |
| | | | From | D | D | М | М | Y | Y | Y | Y | | 1 | 1 | To | | D | M | М | Y | Y | Y | Y |] | | | | | | | |
| 7. Sum Insured (Rs.) | | Sum Insured (Rs.) | | | | | | _ | | | <u> </u> | _ | | Τ | T | 7 | | | | | | | | 1 | | | | | | | |

| D. DETAILS OF OTHER IN | D. DETAILS OF OTHER INTEREST | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| 1. Is the Insured the Sole Own | ner of the property? | Yes No | | | | | | |
| If 'No', specify | | | | | | | | |
| 2. Nature of Interest | | | | | | | | |
| 3. Person/s who has/have interest on property | | | | | | | | |
| 4. Address | Plot No/Door No. Building | Name | | | | | | |
| | Road Area | | | | | | | |
| | City Pincode | | | | | | | |
| | State | | | | | | | |
| 5. Contact Details | Phone No. Mobile | | | | | | | |
| | E-mail Id | | | | | | | |
| 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 | | | | | | |
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| | | | | | | | | |
| F. PAYEE DETAILS (*All field | ds are mandatory) | | | | | | | |
| Bank Name | | nk Branch | | | | | | |
| Bank Account No. | IFS | C Code | | | | | | |
| MICR No. | PAI | N No. | | | | | | |
| Note: It is agreed that the Policyholder/Claimant will intimate in writing to SBI General about any change in bank account details. Please attach a cancelled cheque | | | | | | | | |
| pertaining to the same account. In case premium is issued from the same bank account through cheque, the cancelled cheque is not required. | | | | | | | | |
| G. DETAILS OF OTHER IN | G. DETAILS OF OTHER INFORMATION | | | | | | | |
| Do you wish to provide any other information? | | | | | | | | |
| If 'Yes', specify | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| IMA the choice remaind do hou | wally to the best of my/s who experies and ballof warmout the truth of the | ha favoraina atatomonta in avon vocanati and IAVa | | | | | | |
| 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. | | | | | | | | |
| I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group(please strike this clause in case you do not wish to disclose the personal data). | | | | | | | | |
| Place | Signature of Insured/ | /Claimant | | | | | | |
| Date: D D M M Y Y | Name of Insured/Cla | | | | | | | |
| | | | | | | | | |