



SBI General Insurance Company Limited

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

CLAIM FORM
CONSEQUENTIAL LOSS OF PROFITS

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 _____

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.)

(a) Building _____ (b) P&M _____ (c) FFF _____

(d) Stocks _____ (e) Others1 _____ (f) Others2 _____

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

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 _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

E. DETAILS OF CONSEQUENTIAL LOSS

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 _____

Were the premises occupied at the time of loss? (Yes) (No),

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

Details of Material Damage under Standard Fire & Special Perils Policy / MBD Policy

Name of the Insurer _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

Policy No. _____ Period of Insurance _____ to _____

Sum Insured (Rs.) (a) Building _____ (b) P&M _____ (c) FFF _____

(d) Stocks _____ (e) Others1 _____ (f)Others2 _____

Occupation of premises at the time of loss : Manufacturing facility Warehouse Shop Office Dwelling

Estimated Loss Material Damage (Rs.)

(a) Building _____ (b) P&M _____ (c) FFF _____

(d) Stocks _____ (e) Others1 _____ (f)Others2 _____

Period for which the business was interrupted due to Fire and Special Perils / MBD ____/____/____ to ____/____/____

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

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

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

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

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) _____

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

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

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 _____

Date _____

Name of Insured/Claimant _____