JEWELLER'S BLOCK 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 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

_____

Sum Insured/Limits of Indemnity under the Policy (Rs.)

Section I	
Section II	
Section III	
Section IV	

B. DETAILS OF LOSS/ACCIDENT

Date of Loss _____/_____/_____ Time of Loss _____A.M. / P.M.

Please mention section under which you are making the claim_____

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.)

WITNESS DETAILS	INFORMATION TO AUTHORITY
Were there any witnesses to the loss / accident? ☐(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_____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 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

_____

_____

_____

I/We, hereby agree, affirm and declare that:

a. The statements/information given/stated by me/us in this claim form are true, correct and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the Policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the Policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.

e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place_____ Signature _____

Date_____ Name of Insured/Claimant_____