Claim Form



SBI GENERAL PROPERTY ALL RISK

	NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. t readily available, please do not delay the dispatch of this f	form and such particulars may be sent later.
Policy No.	Ci	aim No.
Period of Insurance From:		ΥΥΥ
A. DETAILS OF INSURED/C	LAIMANT	
1. Name as per Policy	S U R N A NIE M I D D L I	ENAME FIRSTNAME
2. Address	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	State	
3. Contact Details	Phone No.	Mobile
	E-mail Id	
4. Brief Description of Busines /Office/Industry/Occupatio	55	
5. Limits of Indemnity under the Policy (Rs.)		
B.DETAILS OF ACCIDENT/	INCIDENCE	
1. Date of Loss	D D M M 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	
3.Contact Details of person/s a	t Loss Location	
Name		E N A M E F I R S N A M E
Relationship with Insured		
Contact Details	Phone No.	Mobile
	E-mail ld	
4. Describe Cause of Loss/Damage		
5. Estimated Loss (Rs.)		
WITNESS DETAILS		
 Were there any witnesses If 'Yes', 	to the loss/accident?	Yes No
2. Name as Person/s	SURNAME MIDDLE	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
Bl General Insurance Company Lir	nited Registered and Corporate Office: Fulcrum Building	9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099lC

SBI General Insurance Company Limited. Registered and Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099|CIN: U66000MH2009PLC190546| Toll free: 18001021111| customer.care@sbigeneral.in| www.sbigeneral.in| For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale| SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | SBI General Property All Risk, UIN- IRDAN144CPPR0003V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

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Version: 1.0Apr 2025

4. Contact Details Phone No.			State									Pincode									
INFORMATION TO AUTHORITY IN the loss been reported to an Authority? IN the loss been reported to an Authority? IN the loss been reported to an Authority? If 'No', reason for not reporting IF 'No', reason for not reporting IN the loss been reported to an Authority? IN the loss been reported to an Authority? 2. Name of Authority IN the loss been reported to an Authority in the loss of an a v v v v IN the loss been reported to an Authority? IN the loss been reported to an Authority? 4. Contact Person/s S to b to the loss of an a v v v v IN the loss been reported to an Authority? IN the loss of an a v v v v 4. Addess Plot Na/Door No. IN to b to the loss of an a v v v v IN the loss of an a v v v v 5. Addeess Plot Na/Door No. IN the loss of an aver v v v IN the loss of an aver v v v 6. Contact Details Plot Na/Door No. IN the loss of an aver v v v IN the loss of an aver v v v 7. Name of insurer IN the loss of an aver v v v v in aver v v v v IN the loss of an aver v v v v IN the loss of an aver v v v v 8. Address Plot Na/Door No. IN the loss of an aver v v v v IN the loss of aver v v v 9. Address Plot Na/Door No. IN the loss of aver v v v v IN the loss of aver v v v v 1. Is the loss damage covered under avy other	4.	Contact Details	Phone No.									Mobile									
1. Has the loss been reported to an Authority? Ne Ne H* No; reson for not reporting			E-mail Id								-					-		-			
If "No', reason for not reporting If "Yes', provide details Fire Pelice Municipality Other 2. Name of Authority	INF	ORMATION TO AUTHORIT	Y																		
If Yes', provide details Free Police Municipality Other 2. Name of Authority	1.	Has the loss been reported	to an Autho	ority?										Yes		No	0				
2. Name of Authority		If 'No', reason for not report	ting																		
3. Information Report No.		If 'Yes', provide details	Fire	Ро	lice	Ν	1uniciț	oality		Othe	r										
Authority Reference No. Image: Contact Person/s S Image: Contact Person/s F Image: Contact Person/s F Image: Contact Person/s 5. Address Plot No/Door No. Image: Contact Person/s Building Name Image: Contact Person/s Image: Contact Person/s 6. Contact Details Phone No. Image: Contact Person/s Yes No If Yes: State Image: Contact Person/s Yes No If Yes: No Image: Contact Person/s	2.	Name of Authority																			
4. Contact Person/s S V	3.										Date	D D M M	Y	Y	ΥY]					
Road Area Image: State Image: State <td>4.</td> <td>-</td> <td>S U R</td> <td>N A</td> <td>ME</td> <td></td> <td></td> <td>М</td> <td>I</td> <td>D D</td> <td>L</td> <td>e n a m e</td> <td></td> <td></td> <td>F</td> <td> </td> <td>R S</td> <td>T</td> <td>N A</td> <td>ME</td> <td>_</td>	4.	-	S U R	N A	ME			М	I	D D	L	e n a m e			F		R S	T	N A	ME	_
City Pincode State Pincode C. Contact Details Phone Ne. E-maild Pincode C. DETAILS OF OTHER INSURANCE 1. Is the loss/damage covered under any other Insurance? Yes If Y'es'. specify details and attach a copy of the policy 2. Name of Insurer Piot No/Door No. Building Name Piot No/Door No. Address Piot No/Door No. Building Name Pincode City Pincode State Pincode Contact Details Phone No. Princode Pincode State Pincode State Pincode State Pincode State Pincode Princode Pincode State Pincode D. DETAILS OF OTHER INTEREST No Is the lissurable biomore of the property? Yes Nature of Interest Pincode Nature of Interest Pincode Nature of Interest Pincode Preson/s who has/have Pincode Road Pincode <	5.	Address	Plot No/D	oor No								Building Name									
State 6. Contact Details Phone No. E-mail Id C.DETAILS OF OTHERNISURANCE 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 City Pincode State City Pincode State Policy No E-mail Id Form Pone No. Mobile E-mail Id State Policy No Policy No Proced of Insurance From Pone No. E-mail Id State Policy No Is the Insurance If Phone No. E-mail Id State Policy No Proced of Insurance From Pone No. Is hour of Interest Proced of Insurance From Pone No. Policy No Policy No Policy No Policy No Policy No Policy No Prove No. Policy No Policy No Policy No Policy No Polic			Road									Area									
6. Contact Details Phone No. Mobile E-mailId			City									Pincode									
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 Insure 3. Address Plot No/Door No. Building Name City If Yes', specify details and attach a copy of the policy 2. Name of Insurer Gity If Yes', specify details and attach a copy of the policy Road Address Plot No/Door No. Building Name City Pincode State Is the Insured the Sole Owner of the property? If No', specify Nature of Interest State Is the Insured the Sole Owner of the property? If No', specify Nature of Interest State Is the Insured the Sole Owner of the property? If No', specify Nature of Interest State Is the Insured the Sole Owner of the property? If No', specify Nature of Interest Road Address <			State																		
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	6.	Contact Details	Phone No.									Mobile									
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If 'Yes', specify details and attach a copy of the policy		C. DETAILS OF OTHER INS	URANCE																		
2. Name of Insurer	1.	Is the loss/damage covered	under any c	other In	surance	e?								Yes		No)				
3. Address Plot No/Door No. Building Name Image: Second Sec		If 'Yes', specify details and a	ttach a copy	y of the	policy																
Road Area Pincode City Pincode Pincode State Mobile Pincode State Mobile Pincode State Mobile Pincode City Mobile Pincode State Pincode Pincode </td <td>2.</td> <td>Name of Insurer</td> <td></td>	2.	Name of Insurer																			
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State State Phone No. E-mail ld 5. Policy No 6. Period of insurance From D.DETAILS OF OTHER INTEREST 1. Is the Insured (Rs.) D.DETAILS OF OTHER INTEREST 1. Is the Insured the Sole Owner of the property? If 'No', specify 2. Nature of Interest 3. Person/s who has/have Interest on property Plot No/Door No. Building Name City Value City Value State Mobile Mobile			Road									Area									
4. Contact Details Phone No. E-mail Id 5. Policy No 6. Period of insurance From D D M M Y Y To D M M Y Y Y To D M M Y Y Y To D M M Y </td <td></td> <td></td> <td>City</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Pincode</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			City									Pincode									
E-mail ld 5. Policy No 6. Period of insurance From D M M Y Y To M Y Y To M M Y Y To To <td></td> <td></td> <td>State</td> <td></td>			State																		
5. Policy No 6. Period of insurance From D M Y Y To D. DETAILS OF OTHER INTEREST 1. Is the Insured the Sole Owner of the property? If 'No', specify 2. Nature of Interest 3. Person/s who has/have Image: A constrained of the property 4. Address Plot No/Door No. Building Name Image: A constrained of the property 5. Contact Details Phone No. Image: A constrained of the property Mobile Image: A constrained of the property Mobile	4.	Contact Details	Phone No.									Mobile									
6. Period of insurance From Prom M M Y Y Y To M M Y Y Y 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 7. Sum Insured (Rs.) 8. Is the Insured the Sole Owner of the property? If 'No', specify 2. Nature of Interest 3. Person/s who has/have interest on property 4. Address Plot No/Door No. 8. Building Name City City City City State One No. 9. Contact Details			E-mail Id																		
7. Sum Insured (Rs.) D. DETAILS OF OTHER INTEREST 1. Is the Insured the Sole Owner of the property? If 'No', specify 2. Nature of Interest 3. Person/s who has/have interest on property 4. Address Plot No/Door No. Building Name City City Pincode State Mobile Mobile	5.	Policy No																			
D. DETAILS OF OTHER INTEREST 1. Is the Insured the Sole Owner of the property? If 'No', specify 2. Nature of Interest 3. Person/s who has/have interest on property 4. Address Plot No/Door No. Building Name City Output State State Mobile	6.	Period of insurance	From	DI	MM	Y	ΥY	Y	То	D	DM	M Y Y Y	Υ								
1. Is the Insured the Sole Owner of the property? Yes No If 'No', specify	7.	Sum Insured (Rs.)																			
If 'No', specify 2. Nature of Interest 3. Person/s who has/have interest on property 4. Address Plot No/Door No. Building Name Area City City City Pincode State Phone No. Phone No.			EREST																		
2. Nature of Interest 3. Person/s who has/have interest on property 4. Address Plot No/Door No. Road City State State Phone No. Mobile	1.		er of the pro	operty?	,									Yes		No)				
interest on property Address Plot No/Door No. Building Name Image: Context Details 4. Address Plot No/Door No. Image: Context Details Area Image: Context Details 5. Contact Details Phone No. Image: Context Details Mobile Image: Context Details	2.																				
4. Address Plot No/Door No. Building Name Building Name Road Area Plot No/Door No. Area City Plot No/Door No. Plot No/Door No. Plot No/Door No. State No/Door No. No/Door No. No/Door No. State No/Door No. No/Door No. No/Door No. 5. Contact Details Phone No. No/Door No. No/Door No.	3.																				
City Pincode State Mobile	4.		Plot No/D	oor No								Building Name									
State Mobile			Road									Area									
5. Contact Details Phone No.			City									Pincode									
			State										_	-	_	_	_	_	_	_	
	5.	Contact Details	Phone No.									Mobile									
			E-mail Id																		

SBI General Insurance Company Limited. Registered and Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099|CIN: U66000MH2009PLC190546 | Toll free: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale| SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | SBI General Property All Risk, UIN- IRDAN144CPPR0003V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

E. I	DETAILS OF ITEMS AFFE	CTED						
SI. No	Description of Equipment	Manufacturer	Year of Manufacture	Identification/ Machine/ Serial No.	Sum Insured (Rs.)	Date of Last Maintenance	Date of Expiry of AMC/Warranty	Cost of Repair/ Replacement (Rs.)
	e affected equipment unc , the nature of such repair		previously?			Yes	s No	
Ε.Ι	DETAILS OF ITEMS AFFE	CTED						
	Date of Repair	١	lature of Repair		Parts Affec	cted	Cost	of Repair (Rs.)
F. 0	DETAILS OF REPAIR/REP	AIRER						
lf'	the repair being carried ou Yes', specify and submit J No', specify following deta	ob-Work Estimate	s along with Pro-	forma Invoices c	f Spare Parts to	be replaced	5 No	
2. Na	ame of the Repairer							
3. Na	ame of contact person/s							
4. Ac	ldress	Plot No/Door No.			Building	Name		
		Road			Area			
		City			Pincode			
		State						
5. Co	ontact Details	Phone No.			Mobile			
		E-mail Id						
G.	DETAILS OF CONSEQUE							
	nether any alteration has t		ature of business	/occupation of p	remises after in	ception of Policy	/? Yes	No
	Yes', please give details _]
2. W	ere the premises occupied	l at the time of loss	?				Yes	No
	No', un-occupied since (da		M Y Y Y		y reason/s)			
	etails of Damage under Ma	iterial Damage Sec	tion under IAR Po	blicy:				
3. Na	ame of Insurer							
4. Ac	ldress	Plot No/Door No.			Building	Name		
		Road						

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		City									Pinc	ode											
		State																					
5.	Contact Details	Phone N	No.								Mob	ile											
		E-mail l	d																				
6.	Policy No																						
	Period of insurance	From	D D	M M	Y	ΥY	Y	То) D	М	М	Y Y Y	' ` `	/									
	Sum Insured (Rs.)																						
0.	a) Building				b) P&	M								c) F	FF	[
	d) Stocks				e) Otl					+				-	ther	 _ 2							
																ן ר							
	Occupation of premises at th				Man	ufactu	iring F	acility			arer	nouse		Shop			fice		Dwel	ling			
10.	Estimated Loss Material Dar a) Building	inage (R	5.)	7	b) P&	м								c) F	FE	[
														-									
	d) Stocks				e) Otl									f) C	ther	s 2							
11.	Period for which the busines	s was int	errupte	d due to	Fire a	nd Spe	ecial Pe	erils/M	IBD D	Ē	M	ΜY	Y	Y	Y	То	D	DM	М	Y	Y	Y	Y
12.	What was the annual turn-o	over for t	he last f	inancial	year?								Rs	i									
13.	What is the estimated reduc	ction in t	urn-ove	er due to	interr	ruptior	ו?						Rs	i									
14.	What is the estimated loss of	of Gross	Profit d	ue to inf	terrup	tion?							Rs	i									
15.	Standing Charges/Expense	sincurre	ed for Lo	oss Minii	mizatio	on, if ar	ny						Rs	i									
16.	Were there any person/org	anizatio	n, in you	ır opinic	on, resp	oonsib	le for t	the los	s?						[Yes		No)			
	If 'Yes', please provide deta source will not be divulged		-			ers and	addre	ess, if a	availabl	e (tł	his in	formatior	ı will	be u	sed o	only	for ir	nvesti	gatio	n of t	his c	laim	and
17.	What steps have been taken t	to preve	nt recur	rence o	fsimila	ar incid	lence?	•															

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

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G. DETAILS OF OTHER INFORMATION
Do you wish to provide any other information?
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:								
Date:	D	D	Μ	Μ	Y	Y	Y	Y

Signature of Insured/Claimant: _

Name of Insured/Claimant:

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