

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.

[illegible]

Period of Insurance From: 

D	D	M	M	Y	Y	Y	Y
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 To: 

D	D	M	M	Y	Y	Y	Y
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1. Name as per Policy	SURNAME										MIDDLE NAME										FIRST NAME									
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 Business /Office/Industry/Occupation																														
5. Limits of Indemnity under the Policy (Rs.)																														

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																									
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.)																										

1. Were there any witnesses to the loss/accident?

If 'Yes',

☐ Yes ☐ No

2. Name as Person/s	SURNAME	MIDDLENAME	FIRSTNAME
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3. Address	Plot No/Door No.	<input type="text"/>	Building Name	<input type="text"/>
	Road	<input type="text"/>	Area	<input type="text"/>
	City	<input type="text"/>	Pincode	<input type="text"/>



**E. DETAILS OF ITEMS AFFECTED**

Sl. 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.)

Has the affected equipment undergone any repairs previously?

☐ Yes
☐ No

If 'Yes', the nature of such repairs

**E. DETAILS OF ITEMS AFFECTED**

Date of Repair	Nature of Repair	Parts Affected	Cost of Repair (Rs.)

**F. DETAILS OF REPAIR/REPAIRER**

1. 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

2. Name of the Repairer

3. Name of contact person/s

4. Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

5. Contact Details

Phone No.

Mobile

E-mail Id

**G. DETAILS OF CONSEQUENTIAL LOSS**

1. 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

2. Were the premises occupied at the time of loss?

☐ Yes
☐ No

If 'No', un-occupied since (date)

for (specify reason/s)

Details of Damage under Material Damage Section under IAR Policy:

3. Name of Insurer

4. Address

Plot No/Door No.

Building Name

Road

Area

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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## G. 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 of Insured/Claimant: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Name of Insured/Claimant: \_\_\_\_\_