



## CLAIM FORM ALL RISK INSURANCE

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

### Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. Please submit the documents as mentioned at the end of this form\*.
- c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.
- g. If any detail or information is not readily available, please do not delay the dispatch of this form.

Policy Number  -  -  -  -  -

Period of Insurance  /  /  to  /  /

Claim Number

### A. DETAILS OF INSURED/CLAIMANT

Name as per policy

Address

City  State  Pin Code

Contact Number : Phone STD Code  No.  Mobile + 9 1

E-mail ID

Brief Description of Business / Office / Industry / Occupation

\_\_\_\_\_

### B. DETAILS OF LOSS / ACCIDENT

1. a) Date of Loss  /  /  b) Time of Loss  :  A.M. / P.M.

c) Reasons for delay in reporting the claim, if any \_\_\_\_\_

2. Loss Location

Address

City  State  Pin Code

3. Describe Nature and Cause of Loss / Damage \_\_\_\_\_

\_\_\_\_\_

4. Description of loss / damaged items

Sl. No.	Item name with configuration	Cause of damage / loss	Make & model	Serial No. / IMEI No. or other identify no.	Purchase Date	Purchase Cost	Item No. in list attached to policy schedule	Sum insured	Repair Cost for repairable loss or replacement cost for total loss

### WITNESS DETAILS (Please attached statement of witnesses)

Were there any witnesses to the loss / accident?  (Yes)  (No), If 'Yes', Name of Person(s)

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Phone No. \_\_\_\_\_

### INFORMATION TO AUTHORITY

Has the loss been reported to an Authority?  Fire Brigade  Police  Municipality  Labour Authority  Others

If 'Yes', date reported \_\_\_\_\_ No. \_\_\_\_\_ (Please attach copies of correspondence exchanged with the authorities)

If 'No', reason for not reporting \_\_\_\_\_

