

NON-MOTOR CLAIM FORM

THE INSURED

Name :

Address : Email Address :

..... Telephone No. :

..... Mobile No. :

..... Policy No. :

THE OCCURRENCE

Date : Place :

Details of occurrence :

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THE LOSS

Details of loss / damage :

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Estimate of loss / damage : Rs

Supporting documents attached to the claim form :

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MISCELLANEOUS

Has the Police Authority and/or Fire Service been notified of the loss/damage?

Yes No

Address of Police Station and/or Fire Brigade :

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Is there any other insurance covering this property?

Yes No

(If Yes, please give details:)

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Give details of all other parties having an interest in the property

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REINSTATEMENT OF SUM INSURED

The sum insured under your policy will be reduced by the amount of indemnity which will be paid if your claim is entertained. If you intend to repair or replace the damaged or lost property, please indicate below if the sum insured is to be reinstated to its initial amount in which case a pro-rata additional premium up to expiry date will be charged.

.....

Signature

SIGNATURE

I / We hereby declare that the foregoing particulars are true and correct and that I / We have not concealed any information. I / We undertake to render every assistance in my / our power in dealing with the present matter.

.....

Insured's Signature

Date