## **NON-MOTOR CLAIM FORM**



THE INSURED	
I HE INSURED	
Name :	
Address:	Email Address :
	Telephone No.:
	Mobile No. :
	Policy No.:
THE OCCURRENCE	
Date :	Place :
Jace .	race.
Details of occurrence :	
THE LOSS	
Details of loss / damage :	
Details of 1655 / Garriage .	
Friends of land / downers . Do	
Estimate of loss / damage : Rs	
Supporting documents attached to the claim form :	

MISCELLANEOUS	
Has the Police Authority and/or Fire Service been notified of the loss/damage	.? Yes No □
Thas the Folice Authority and/or The Service been notified of the loss/damage	ii les   lao
Address of Police Station and/or Fire Brigade :	
Address of Fonce station and/or the Brigade.	
Is there any other insurance covering this property?	Yes No
( IfYes, please give details: )	
( if rea, precise give decense,)	
Charles to the day of the charles and the charles are the charles and the charles are the char	
Give details of all other parties having an interest in the property	
REINSTATEMENT OF SUM INSURED	
The sum insured under your policy will be reduced by the amount of indemi	nity 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	
1 1 7:1	um insured is to be reinstated to its initial amount in which case a
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SIGNATURE  I / We hereby declare that the foregoing particulars are true and correct and	um insured is to be reinstated to its initial amount in which case a  Signature  that I / We have not concealed any information. I / We undertake
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SIGNATURE  I / We hereby declare that the foregoing particulars are true and correct and to render every assistance in my / our power in dealing with the present mat	Signature  that I / We have not concealed any information. I / We undertake ter.
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