

Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office : GE Plaza, Airport Road, Yerawada, Pune - 411 006

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1.	Wh	at v	vas	the	natı	ıre (of th	ne o	ccur	ren	ce a	nd v	vhei	ı di	d it t	take	!																				
	pla	ce?																				F	\t _			_р.	m.	on.			_ a.ı	m.					
2.	At ۱	wha	t ad	dre	ss d	id it	tak	e pla	ace?																												
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3.	occ				oses	s we	ere t	ne i	rem	iises	s De	ing (usec	ı at	aate	e or																					
4.	Des	cril	e b	rief	y w	hat	hap	pen	ed a	nd t	the	resu	ltan	t da	ımaş	ge,																					
	and	l sta	ite v	vha	t you	u be	eliev	e ca	use	d it	to h	арр	en																								
5.	5. Were the Premises and their occupation at the time of the										Yes No																										
	occurrence exactly as described in the Policy?																																				
	Had any element of risk been introduced which was not allowed by the Policy?										Yes No																										
6.)wn	er of	f the	pre	oper	ty d	ama	aged	l or																					
	des	tro	/ed	?																				L		Ye	S			No							
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		nessed the loss? se his statement.										
8. V	Vhat measu	res were taken to minimize the loss ?										
9. If	f damage is	due to the 'Act of God', then please enclose the										
re	eport from t	he meteorological department / newspaper										
C	uttings.											
D	escribe the	incident.										
10. H	las the Publi	ic Fire Brigade /Police were informed?										
ľ	lf yes, Please	e enclose the certificate from the Fire Brigade/		Yes	No							
F.	I.R from Po	lice.										
11. G	ive dates of	any previous claims of a similar nature you										
h	ave made.			D D M	MYY							
13. V	Vere there a	t the time of the occurrence any other existing		Yes	No							
Ir	nsurance po	licies on the said Property, with any other	If Yes, please provide full particulars									
C	Company or	Insurer, whether effected by the claimant or by										
a	ny other Pe	rson ?										
		roperty destroyed or damaged as required by the		I								
	No. & Folicy	Description of property claimed for in detail	Amt. Insured	Market Value at time of loss	Market Value after the loss	Amt. Claimed						
oy me/us hat the ar ime of los	on the prope mounts clair ss or damage	solemnly and sincerely declare that the details apperty insured by the above policy in consequence of the med in respect of each and all of the several articles a not including profit of any kind.	the aforesaid loss or items of prope	amounting to the erty damaged or de	sum of Rs estroyed, constitut	a te their value at t						
r by con		solemnly and sincerely declare that I/We have not and or misrepresentation sought to benefit therely be true, this day of										

Signature of the Insured