

"ALL RISKS" CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY QUESTIONS TO BE ANSWERED BY THE CLAIMANT

POLICY NO.

CLAIM NO.

- 1. Name of Insured (in full)
- 2. Address

3. Occupation

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4.	When & where did you last see the missing								
	property								
5.	On what day and at what hour did you first								
	discover the loss or damages ?								
6.	State (full particulars must be given) the								
	circumstances of the loss or damage								
7.	If claim is in respect of jewellery, when was								
	the property last overhauled by a jeweler?								
	Give name & address of firm								
8.	Have you informed the Police Authorities? If								
	so, when and where?								
9.	Are you the sole owner of the property								
	damaged or stolen?								
10	Are there any other insurance upon the same								
	property? If so, give full particulars.								
11	Have you ever before sustained loss of the								
	same nature? If so, give particulars.								
I/W	e the above named do declare an	and set forth that at or							
abouto'clock on the, the									
articles enumerated overleaf, and more particularly described in the list lodged with the									
Company, were and I/We do further declare that no other person than									
myself / ourselves has/have an interest in the said property by Bill of Sale, or as Owner,									
Mortgage Trustee, or otherwise, and that there is no further insurance except as above									
mentioned, in this Company or any other company, whereof we claim the sum of									
	Rs.								

Witness my / our hand this _____ day of _____ 200 ____.

Signature of Insured_____

Witness (Sign.) Name Address



ALL RISKS CLAIM FORM										
FULL DESCRIPTION OF STOLEN ARTICLE	ADDRESS OF PARTY FROM WHOM ARTICLE PURCHASE	PUR CHA SE OR	E PAID	USÉ	<i>SUM CLAIME D FOR PRESEN T VALUE</i>	THE LIST ATTACHED	R E M A R K S			

Signature of Insured_____

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll-free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com

Registered Office: Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020.