

## THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office : New India Assurance Building, 87, Mahatma Gandhi Road, Bombay – 400 001.

## JEWELLER'S BLOCK CLAIM FORM

POLIC	CY NO	CLAIM NO
1)	Name & Address of the Insured (In t	full) :
2)	When were the diamonds at the time the loss?	of :
3)	For what purpose were they there?	:
4)	When and where the missing diamon were last seen and by whom? OF JULIE DIAMOND ON 3.12.199	:
5)	On what day and what hour and how did you first discover the loss?	· :
6)	Give full particulars of the circumsta of the loss.	ances :
7)	At which police Station the loss has been reported (Please attach a copy of give full details of the report made	e) :
8)	Are you the sole Owner of the lost Diamonds? If not, state your exact Interest and that of any other person or persons, if any	:
9)	Is these any other Insurance on the diamonds? It so, give full particulars	s <b>:</b>

10)	Have you ever sustained any loss of the same before :	2
11)	What was the value of each Diamonds	? :
12) W	Then were the diamonds purchased and From whom (a copy of the Invoice	
	Bill should be attached) :	
13)	Any other Remarks :	
		INSURED'S SIGNATURE
		DATE :