

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

STANDARD FIRE AND SPECIAL PERILS INSURANCE CLAIM FORM THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.

(A) Insured

1.	Name			
2.	Address			
		City:		Pin Code:
3.	Telephone			
4.	Email id			
5.	Period of Insurance	From	to	
6.	If you are not sole owner please mention your interest and details of other interests in the property.			

(B) Details of Loss

1.	Date & Time of Loss	
2.	Who noticed the Loss and	
	when?	
3.	Provide details of circumstances	
	of loss and its cause	
4.	Property effected	
5.	Value of property	
6.	Estimated claim	
7.	Has the Loss been intimated to	
	Police	If yes, please attach report
	Fire Brigade	If yes, please attach report

(C) Details of Other Insurances



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	Give Details of other Insurance Policies if any covering the same property			
D) [Details of Previous Losses			
	Give details of previous claims, if any, on the affected property			
I,	We hereby declare that the above questions have been truthfully and faithfully answered to the best of my/our			
	knowledge. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.			
	Date:			
F	Place: Signature of Claimant			