

LONG TERM HOME INSURANCE POLICY

Claim Form

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	If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.													
Policy No.	Claim No.													
Period of Insurance From	D M M Y Y Y To D D M M Y Y Y													
A. DETAILS OF INSURED/CLAIMANT														
Name as per Policy	S U R N A M E													
2. Address	Plot No/Door No. Building Name													
	Road Area													
	City Pincode													
	State State													
3. Contact Details	Phone No. Mobile													
	E-mail ld													
4. Brief Description of Business														
/Office/Industry/Occupation														
5. Limits of Indemnity under the Policy (Rs.)														
B DETAILS OF LOSS/ACCID														
B. DETAILS OF LOSS/ACCIDENT														
	DENT													
1. Date of Loss	Time of Loss : a.m./p.m.													
1. Date of Loss	D D M M Y Y Y Y Time of Loss : a.m./p.m.													
1. Date of Loss	Time of Loss : a.m./p.m. Plot No/Door No. Building Name													
1. Date of Loss	Time of Loss : a.m./p.m.													
1. Date of Loss	Plot No/Door No. Plot No/Door No. Building Name Area City Pincode													
Date of Loss Loss Location Address	Plot No/Door No. Plot No/Door No. Building Name Area City Pincode													
 Date of Loss Loss Location Address Contact Details of person/s 	Plot No/Door No. Plot No/Door No. Building Name Area City Pincode at Loss Location													
 Date of Loss Loss Location Address Contact Details of person/s Name 	Plot No/Door No. Plot No/Door No. Building Name Area City Pincode at Loss Location													
 Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured 	Plot No/Door No. Plot No/Door No. Building Name Area City Pincode at Loss Location S U R N A M E M I D D L E N A M E F I R S T N A M E													
 Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of 	Time of Loss : a.m./p.m. Plot No/Door No. Building Name City Pincode State Pincode State FIRSTNAME Phone No. Mobile													
 Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of Loss/Damage 	Time of Loss : a.m./p.m. Plot No/Door No. Building Name City Pincode State Pincode State FIRSTNAME Phone No. Mobile													
 Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of 	Time of Loss : a.m./p.m. Plot No/Door No. Building Name City Pincode State Pincode State FIRSTNAME Phone No. Mobile													

Version 1.2, Nov. 2011

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WITNESS DETAILS																										
1. Were there any witnesses to the loss/accident?								Yes			No															
If 'Yes',																										
2. Name as Pe	erson/s	SU	R	N A	A /	۱ E			М		D	L	E N	AM	Е			F	-	R	S	Т	Ν	А	Μ	Е
3. Address		Plot N	o/Doo	r No.									Building	g Name												
		Road											Area													
		City											Pincode	9												
		State																								
4. Contact De	ails	Phone	No.										Mobile													
		E-mail ld																								
INFORMATION	I TO AUTHORI	TY																								
1. Has the los	been reported	to an Aı	uthorit	y?												Yes			No							
If 'No', reas	on for not report	ing																								
If 'Yes', prov	ide details	Fire Police Municipality Other																								
2. Name of A	ıthority																									
Information Authority R	Report No./ eference No.												Date	D D	Μ	Μ	Υ	Υ	Υ	Υ						
4. Contact Per	son/s	S U R N A M E M I D D L E N A									АМ	Е			F	1	R	S	Т	Ν	А	Μ	Е			
5. Address		Plot No/Door No. Building No								g Name																
		Road											Area													
		City											Pincode	е												
		State																								
6. Contact De	rails	Phone	No.										Mobile													
		E-mail	ld [
C. DETAILS	OF OTHER INS	URANC	E																							
1. Is the loss/d	amage covered	under a	ny oth	er Insi	urano	ce?										Yes			No							
	fy details and by of the policy																									
2. Name of In	surer																				\Box					
3. Address		Plot No	o/Doo	r No.									Building	g Name												
		Road											Area													
		City											Pincode	9												
		State																								
4. Contact De	ails	Phone	No.										Mobile													
		E-mail	ld [
5. Policy No.																										_
6. Period of In	surance	From	D	D A	Λ	ΛΥ	Υ	Υ	Υ			То	D D	M	Υ	Υ	Υ	Υ								
7. Sum Insure	d (Rs.)]													

D. DETAILS OF OTHER INTEREST