

Householder Umbrella Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim form are filled in by you and no column should remain unanswered. Attach Separate Sheet if the space is not sufficient.

A. INSURANCE DETAILS:

Policy Number:		Claim Number:	
Period of Insurance:			
Date & Time of loss:		Place of Accid	ent:
Name of Insured:			
Address:			
Contact Number:	Landline:-		Mobile:-
E-mail:			
Detail of other insurances,	if any:		
If insured is not sole owner Interest in the property and interests:			
3. Person4. Machin	plicable: aim Form ry Claim Form al Accident Claim Form nery Breakdown Claim Form Insurance Claim Form	((((())))
re, undersigned confirm that ce:	the above given details are to	rue & correct to the	best of my knowledge.
ate:			Signature of Insured