



Fire Consequential Loss of Profit Insurance - Claim Form

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
 2. Please leave one box blank between two words while writing the ADDRESS.
 3. Kindly leave the Company's Office or Intermediary for any doubts or clarifications on the claim form.
- PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name: _____
 Intermediary Code: _____

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Claim No: _____ Policy No/Cover Note No: _____

Period of Insurance: D D M M Y Y Y Y Y Y To D D M M Y Y Y Y Y Y Customer ID: _____

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick): Ms. Mrs. Mr.

Name*: F I R S T _____ M I D D L E _____ L A S T _____

Correspondence Address:

Block/Flat No.*: _____ Floor No.: _____ Building Name*: _____

Street Name*: _____ Locality: _____

Landmark*: _____

City/Village*: _____ Pincode*: _____

Post Office: _____

Mobile No.*: _____ Landline*: S T D _____

Fax No.: _____

Email ID 1: _____

Email ID 2: _____

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder: _____
 (as appearing in the Bank Account) _____

Bank Name: _____

Branch: _____

Location: _____

Account No: _____ Account Type: _____

MICR Code: _____ IFSC Code: _____

DETAILS OF MATERIAL DAMAGE CLAIM

Date & Time of Occurrence: D D M M Y Y Y Y Y Y H H : M M

Location of Loss:

Description of Occurrence:

.....

