



DETAILS OF CLAIM

- Date & Time of Occurrence:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	:	M	M
---	---	---	---	---
- Location of Loss:
- Dimension of the Plate Glass affected:
- Description of Damage:
.....
.....
- Cause of Damage:
- Estimate of Loss: ₹

--	--	--	--	--	--	--	--	--	--
- Nature and Extent of the Damage:
- Are you sole owner of the property?
- Statement of Claim:

- Details of Previous Losses, (if any): ₹
- Do you wish to provide any additional information with respect to the claim?
- Give details of the insurances covering the same incident, if any:

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made , or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Date:

Signature of the Proposer

Notes:

1. If the space provided above is found insufficient, kindly attach duly signed annexure providing the requisite details.
2. Kindly attach the photocopy of the Policy Certificate/Schedule available in your records.