Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyvideocon.com



FIRE CLAIM FORM

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. Please submit the documents as mentioned at the end of this form*.
- c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.

Policy Number - - - -

g. If any detail or information is not readily available, please do not delay the dispatch of this form.

Period of Insurance	d	d /	1	m m	/	У	У	У	У	to d	d	/	m	m	/	У	У	у у														
Claim Number																																
A. DETAILS OF INS	SURE	D/CL	.Al	MAN	Т																											
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1. Brief Description of	Busi	ness	/ O	ffice	/ Ind	dust	try /	/ Oc	ccup	ation																						
B. DETAILS OF LO	SS/	ACC	DE	NT																												
Date of Loss d d	1	n m	/	У	у .	<i>y</i>]	/	٦	Time	e of Lo	ss		h I	h :	: [n r	n	A.M.	/ P.I	И.												
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2. Estimated Loss / D		-																														
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3. Was any person / If 'Yes', please pro	-			-					-							(Y E	es)	□ (NO)													
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4. Whether any altera	ation	has h	ee	n ma	nde	in tł	ne r	natu	ıre (of bus	ines	ss / :	occi	una	tion	n of	nre	mises	afte	r in	cen	tion	n of	Pο	licv	?		(Yes	;)	□ (No)	,
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If 'Yes', please give	e det	ails _																														
5. Were the premises	s occ	upied	at	the t	ime	of	oss	s?		(Yes)		□ (I	No)																			
If No, un-occupied	l sinc	e (dat	e)	d	d	/[m	m	/[У У	У	У	fo	r (s	pec	cify	reas	son/s)														
6. Is there any prosp	ect o	f reco	vei	ry?		(Ye	es)] [۱o)																						
If 'Yes', please atta	ach d	etails	of	corre	spc	nde	enc	e ex	xcha	ange v	vith	the	liab	le p	arti	ies																
7. Was any third part	ty liat	oility ir	างด	olved	?	Giv	e de	etai	ls _																							

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SI. lo.	Description of Machinery	Manufacturer	Year of Manufacture		ication / ' Serial No.	Sum Insured (Rs.)	Date of Expiry of AMC / Warranty	Cost of Repair Replacement (Re
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De	tails of Affected Build	ling (Please provide d	etails in a separa	te sheet if	space provi	ided is not aded		
il. o.	Name / Section of Building	Nature Construc		ear of Built		al condition re the loss	Sum Insured	Cost of Repair / Reconstruction
·	Or Building	Construc	,11011	Built	Deloi	16 (116 1033	(Rs.)	Replacement (Rs
			·					
. Sta	ite whether the items	damaged were unde	r any guarantee /	warranty f	om supplie	er / manufacture	er / any other agend	cy? □ (Yes) □
If '\	es', the nature and t	he period of guarante	e / warranty					
		nent undergone any r	epairs previously	? \square (Yes) \square (No))		
If '\	es', the nature of su	ch repairs						
Date	of Repair	Nature of Re	pair		Part	ts affected	Cos	t of Repair (Rs.)
. Wh	at immediate measu	ires were taken to ext	inguish the fire ar	nd also to c	ontain loss	and to prevent	further damage	
_								
		e attached statement						
		to the loss / accident?			Yes', Name	e of Person(s)		
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2						Phone N	lo	
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	ne loss been reported		☐ Fire Brigade	□ Pol	ice \square	Municipality	☐ Labour Autho	ority 🗌 Other
		rrespondence exchar				onth and Date _		
f 'No'	, reason for not repo	rting						
C. DE	TAILS OF OTHER I	NSURANCE						
		under any other I nsu	rance (Yes)	□ (No)	If 'Yes' sne	ecify details and	d attach a copy of th	ne policy
	of the Insurer	and any other moun	(103)	(140),	100, орс	Jeny detaile dire		
	Number							
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Sum Insured (Rs.)

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D. DETAILS OF	OTHER IN	ITER	ES'	Γ																														
Is the Insured the	Sole Owne	er of t	the	pro	per	ty?] (Y	′es))	□ (No)	, I f '	No	', sp	oec	ify																	
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- 1. Claim Form
- 2. First Information Report / Police Report
- 3. Fire Brigade Report
- 4. Police Report in case of Riot and Strikes, etc.
- 5. Books of Accounts / Stock Register / Purchase and Sales Bill / Delivery Challan / Tax Returns, etc.
- 6. If damage is due to "AOG" perils, then please submit reports from the Meteorological department / Newspaper cuttings
- 7. Claim Bill with supporting documents (Original Repair / Replacement Bills)
- 8. No Objection Certificate from the financier if claim is to be settled in your favour

^{*} Additional documents required by insurer if any, will be intimated to you as and when required