



## The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

### Fire Insurance Claim Form

1. Name and Address of Insured:
2. Please give following details pertaining to all the policies involved in fire accident:

Policy Number	Risk Covered	Location	Sum Insured	Estimated amount of loss
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(i)

(ii)

(iii)

3. Period of Insurance:

4. Date and Time of Loss:

5. Nature and Cause of Loss  
(Please describe the circumstances leading to the loss)

6. Give details of insurance with any other insurance company on the risk involved in fire/accident

7. If insured is not sole owner, the nature of his/their interest in the property and details of other interests

8. Whether loss intimated to  
(1) Police  
(2) Fire Brigade

9. (i) Was any claim reported in the past on the same property during current policy period.  
(ii) If so, give details regarding:

- (a) Cause
- (b) Date of incident
- (c) Claim
- (d) Policy Issuing Office
- (e) Amount of claim paid/Outstanding Rs.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

PLACE:

DATE:

Signature of Insured

To be filled in by Dev. Officer/Br./D.O.

Fire Claim No. \_\_\_\_\_

Branch/ D.O. Code NO.	R.O. Code No.	Dev. Officer's Code No.	Agency Code No.	Premium Payment Particulars		
				Receipt No BG/ CD No	Date of Payment	Amount Rs.