

### Standard Fire & Special Perils Policy (Material Damage) Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the completed form within **Fourteen days** of the loss together with the relevant vouchers, documents etc.

Policy No.	<input type="text"/>	Claim No.	<input type="text"/>
Date of Registration	<input type="text"/>	Area Office Code/Service Centre Code	<input type="text"/>
Broker/Agent Name	<input type="text"/>	Code	<input type="text"/>

#### Section 1 - Insured Details

1. Name of the Insured	<input type="text"/>		
2. Customer ID	<input type="text"/>		
3. Address of the Insured	<input type="text"/>		
Plot No./Flat No.	<input type="text"/>	Building name	<input type="text"/>
Road	<input type="text"/>		
Area	<input type="text"/>		
City	<input type="text"/>	Pin Code	<input type="text"/>
State	<input type="text"/>		
Phone No.	<input type="text"/>	E-mail Id	<input type="text"/>
UID Aadhar No.	<input type="text"/>	PAN No.	<input type="text"/>
Profession/Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others		
Monthly Income:	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		

Please give following details pertaining to all the policies involved in fire accident:

Policy No.	Risk Covered	Location	Sum Insured(Rs)	Estimated amount of loss(₹)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Period of insurance: From:  To:

Date & time of loss: Date:  Time:  AM / PM

4. Nature & cause of loss (please describe the circumstances leading to the loss)

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

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

7. Whether the loss is intimated to:

a) Police

b) Fire Brigade

8. Was any claim reported in the past on the same property during current policy period?  Yes  No

If so, give details regarding

a) Cause

b) Date of accident

c) Claim number

d) Policy issuing office

e) Amount of claim paid/outstanding

## Section 2 - Bank Details

Would you like to opt for NEFT payment?  Yes  No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name  Branch Name

A/C Holder Name as in Bank Record

City  State

Account No  IFSC Code

(this is a 11 digit code printed on your cheque leaf)

## Declaration by Insured

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

Date:

Place:

\_\_\_\_\_  
Signature of Insured