

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

 Yes No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name

Road Area

City Pincode

State

4. Contact Details

Phone No. Mobile

E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

 Yes No

If 'No', reason for not reporting

If 'Yes', provide details

 Fire Police Municipality Other

2. Name of Authority

3. Information Report No./
Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name

Road Area

City Pincode

State

6. Contact Details

Phone No. Mobile

E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance?

 Yes NoIf 'Yes', specify details and
attach a copy of the policy

2. Name of Insurer

3. Address

Plot No/Door No. Building Name

Road Area

City Pincode

State

4. Contact Details

Phone No. Mobile

E-mail Id

5. Policy No.

6. Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

7. Sum Insured (Rs.)

