

Call (Toll Free) 1800 22 1111 | 1800 102 1111 www.sbigeneral.in

LONG TERM HOME INSURANCE POLICY

Claim Form

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

| | licy No. | D M M Y Y Y To D M M Y Y | im No. |
|--|--|---|---|
| | A. DETAILS OF INSURED/C | CLAIMANT | |
| 1. | Name as per Policy | 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 |
| 2. | Address | Plot No/Door No. | Building Name |
| | | Road | Area |
| | | City | Pincode |
| | | State | |
| 3. | Contact Details | Phone No. | Mobile |
| | | E-mail ld | |
| 4. | Brief Description of Business | s | |
| | /Office/Industry/Occupation | ۱ | |
| 5. | Limits of Indemnity under the Policy (Rs.) | |] |
| | | | |
| | B. DETAILS OF LOSS/ACCIE | DENT | |
| | B. DETAILS OF LOSS/ACCIE | | Time of Loss : a.m./p.m. |
| 1. | | | Time of Loss a.m./p.m. Building Name |
| 1. | Date of Loss | | |
| 1. | Date of Loss | D D M Y Y Y Plot No/Door No. | Building Name |
| 1. | Date of Loss | D D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. | Date of Loss | D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. | Date of Loss Loss Location Address | D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s | D M M Y Y Y Plot No/Door No | Building Name |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s Name | D M M Y Y Y Plot No/Door No | Building Name |
| 1. 2. | Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured | D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. 3. | Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of | D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. 3. | Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details | D M M Y Y Y Plot No/Door No. | Building Name |
| 1. 2. 3. 4. | Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of Loss/Damage Estimated Loss (Rs.) | D M M Y Y Y Plot No/Door No. Image: Constraint of the state of the stat | Building Name I < |
| 1. 2. 3. 4. | Date of Loss Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of Loss/Damage | D M M Y Y Y Plot No/Door No. | Building Name |

WITNESS DETAILS

| 1. | Were there any witnesses to | the loss | /acci | dent | t? | | | | | | | | | | | | | | | Yes | ; [| | No |) | | | | | | |
|-----|---|----------|--------|-------|-------|------|------|---|---|---|------|------|-----------|----------|-------|--------|-------|----|---|-----|-----|---|----|---|---|---|---|---|---|---|
| | If 'Yes', | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name as Person/s | S U | R | Ν | А | Μ | Е | | | Μ | I | D | D | L | Е | Ν | A | N | Е | | | F | | R | S | Т | Ν | А | Μ | Е |
| 3. | Address | Plot No | o/Doo | or N | o. [| | | | | | | | | | Build | ling | g Nar | ne | [| | | | | | | | | | | |
| | | Road | | | | | | | | | | | | | Arec | I | | [| | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | Pinc | ode | 9 | | | | | | | |] | | | | | |
| | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Contact Details | Phone | No. | | | | | | | | | | | | Mob | ile | | | | | | | | | | | | | | |
| | | E-mail | Id | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INI | FORMATION TO AUTHORIT | ΓY | - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Has the loss been reported t | o an Au | ıthori | ty? | | | | | | | | | | | | | | [| | Yes | ; [| | No |) | | | | | | |
| | If 'No', reason for not reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If 'Yes', provide details | Fi | ire | | | Po | lice | | | M | unio | cipa | lity | | Othe | er | | | | | | | | | | | | | | |
| 2. | Name of Authority | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Information Report No./ Authority Reference No. | | | | | | | | | | | | | | Date | 9 | D | D | Μ | Μ | Y | Y | Y | Y | I | | | | | |
| 4. | Contact Person/s | S U | R | Ν | A | Μ | Ε | | | Μ | | D | D | L | Ε | Ν | A | N | E | | | F | | R | S | Т | Ν | А | Μ | Е |
| 5. | Address | Plot No | o/Doc | or N | o. [| | | | | | | | | | Build | ling | g Nar | ne | [| | | | | | | | | | | |
| | | Road | | | | | | | | | | | | | Arec | I | | | | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | Pinc | ode | 9 | | | | | | | | | | | | | |
| | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Contact Details | Phone | No. | | | | | | | | | | | | Mob | Mobile | | | | | | | | | | | | | | |
| | | E-mail | Ы | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ai | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | C. DETAILS OF OTHER INSURANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Is the loss/damage covered u | under ar | ny otl | her l | nsure | ance | e? | | | | | | | | | | | | | Yes | | | No | 1 | | | | | | |
| | If 'Yes', specify details and attach a copy of the policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Name of Insurer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Address | Plot No | o/Doc | or No | o. [| | | | | | | | | | Build | ling | g Nar | ne | | | | | | | | | | | | |
| | | Road | | | | | | | | | | | | | Arec | | | [| | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | Pinc | ode | 2 | [| | | | | | | 1 | | | I | | |
| | | State | | | | | | | | | | | | | | | | L | | | | | | | | | | | | |
| 4. | Contact Details | Phone | No. | | | | | | | | | | | | Mob | ile | | [| | | | | | | | | | | | |
| | | E-mail | Id [| | | | | | | | | | · · · · · | | | | | | | | | | | | | | | | | |
| 5. | Policy No. | | | | | | | | | | | | | |] | | | | | | | | | | | | | | | |
| | Period of Insurance | From | D | D | Μ | M | Y | Y | Y | Y | 1 | 1 | | Го | D | D | Μ | M | Y | Y | Y | Y |] | | | | | | | |
| | Sum Insured (Rs.) | | | | | | | | | | | | | - |] | | 1 | | | | | 1 | 1 | | | | | | | |
| 1. | | | | 1 | 1 | | 1 | | 1 | | | | | <u> </u> | | | | | | | | | | | | | | | | |

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D. DETAILS OF OTHER INTEREST

| 1. | Is the Insured the Sole Owne | er of the property? | |
|----|--|--------------------------------|--|
| | If 'No', specify | | |
| 2. | Nature of Interest | | |
| 3. | Person/s who has/have interest on property | | |
| 4. | Address | Plot No/Door No. Building Name | |
| | | Road Area | |
| | | City Pincode | |
| | | State | |
| 5. | Contact Details | Phone No. Mobile | |
| | | E-mail Id | |

E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

| Date of Loss | Claim Description and Cause of Loss | Value of Loss (Rs.) | Insurer |
|--------------|-------------------------------------|---------------------|---------|
| | | | |
| | | | |
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| | | | |

| F. PAYEE DETAILS (*All fields are mandatory) | | | | | | | | | | | | | |
|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|
| Bank Name | | Bank Branch | | | | | | | | | | | |
| Bank Account No. | | IFSC Code | | | | | | | | | | | |
| MICR No. | | PAN No. | | | | | | | | | | | |

Note: It is agreed that the Policyholder/Claimant will intimate in writing to SBI General about any change in bank account details. Please attach a cancelled cheque pertaining to the same account. In case premium is issued from the same bank account through cheque, the cancelled cheque is not required.

G. DETAILS OF OTHER INFORMATION

| Do you wish to provide any other information? | Yes | No |
|---|-----|----|
| If 'Yes', specify | | |

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, 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.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group(please strike this clause in case you do not wish to disclose the personal data).

| Place | | | | | | | | | | | | | | Signature of Insured/Claimant |
|-------|---|---|---|---|---|---|---|---|--|--|--|--|--|-------------------------------|
| Date: | D | D | Μ | Μ | Y | Y | Y | Y | | | | | | Name of Insured/Claimant |

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