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# 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
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	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       <
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	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

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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