



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

FIRE INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. _____

Claim No. _____

A. INSURED

Name	_____	City	_____	Pin Code	_____
Address line 1	_____	State	_____		
Address line 2	_____				
Phone No.	_____	Mobile No.	_____	Email	_____
Business/Occupation	_____	Period of Insurance From	__/__/____	To	__/__/____
Limits of Indemnity under the Policy	_____				

B. DETAILS OF LOSS

Date of Loss	__/__/____	Time	__:__ AM / PM
LOSS LOCATION			
Address line 1	_____		
Address line 2	_____		
City	_____	State	_____
Pin Code	_____		
Phone No.	_____	Mobile No.	_____
Email	_____		
Describe cause of Loss/Damage _____			

Estimated Loss (Rs.)	(a) Building _____	(b) P & M _____	(c) FFF _____
	(d) Stocks _____		
WITNESS DETAILS		INFORMATION TO AUTHORITY	
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", specify		Accident / Loss? If "Yes", specify	
Name of the witness _____		Name of the Authority _____	
Address line 1 _____		Contact Person _____	
Address line 2 _____		Authority reference no. _____	
City _____		Address line 1 _____	
State _____		Address line 2 _____	
Pin Code _____		City _____ State _____	
Phone No. _____		Pin Code _____	
Mobile No. _____		Phone No. _____ Mobile No. _____	
Email _____		Email _____	

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the Insurer _____			
Address line 1 _____			
Address line 2 _____			
City	_____	State _____ Pin Code _____	
Phone No.	_____	Mobile No. _____	
Policy No.	_____	Email _____	
Period of Insurance From	__/__/____	To	__/__/____
Amount of Insurance	_____		

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details Yes No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

F. 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 in any further declaration, the Company may require in respect of the said loss, shall make 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 thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: