

Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office : GE Plaza, Airport Road, Yerawada, Pune - 411 006

			I	10	TIF	IC	AT	10	N (OF	MC	N	EY	IN:	SU	RA	NC	E	CL/	AIA	1						
Agent / Broker							Claims No. :																				
No. of Insurance Policy		Τ				Τ	Τ	Т	T	Т			Т	Τ			Τ	Τ	T								
					•			Loc	atio	n o	f the	cla	im (full :	add	ress)										
Day of loss,						7						Ciu															
Date						_ 7																					
											<u> </u>																
Time																											
Name of Insured (Comp	lete in	BLO	CK	LET	TER	S)			<u> </u>		1		1														
Street and House No.									•			•	•	•							•						
Postal Code, Location																											
Phone																		F	ax N	No.							
Cause of loss (Please gi	e a br	ief de	escri	iptic	on)																						
Amount of lost or stolen money Was the loss reported to the police ?								Rs. Yes No If yes, Case No. If no, Why?																			
Has the perpetrator been caught by the police ? When were you aware of the loss?						+	Yes No																				

Are there any other insurances upon t	he same property?			Yes	No	
		If ye	s, please mention	l		
		polic	cy no.			
		insu	rance company			
Have you ever before sustained loss o	f the same nature?			Yes	☐ No	
If yes, please give a brief description.						
I/ we the above named being insured u	nder the above policy	y do hereby decl	are and set forth t	that at or ab	out	o'clock a.m./p.m
on the day of	20	a loss occurr	ed as described a	bove ivolvin	g an amount	of Rs
and I/we do further declare that it is not o	therwise insured agai	nst burglary with	this or any other o	ffice, expect a	as above state	d
Witness my hand this	day of	20	_			
Witness						
			-			
Occupation			_			
Address			-	:	Signature of t	ne Insured
Additional Space for Details:						
raditional Space for Details.						
Documentation (only for company staff)			Δστο	ement with the	ne Insured
				Ağı	.caricale voluit u	ic ilibured
Quantum of loss/ reserve						