

ALL RISK INSURANCE CLAIM FORM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____

POLICY NO: _____

1. Name and address of the Insured (in full):	
2. Sl.No of the item in the Schedule 3. Value of item in the Schedule 4. State address of the premises at which the loss occurred. How was the said premises occupied at the time of loss?	
5. (a) Date and time of loss: (b) When discovered and by whom?	
6. (a) Give brief details of how exactly the loss occurred. (b) Specify overleaf the articles stolen and property damaged including the estimated amount of loss	
7. Has a complaint been lodged with the Police? If so, by whom and when and at which Police Station? (Attach a copy of the Police complaint.) (If not, this may be done immediately and a copy thereof furnished to the Company with reasons for the delay)	
8. Is any body suspected for burglary or theft? If so, state full details.	
9. (a) Is the Insured the sole owner of (i) the property lost or damaged? (ii) the premises? If not, details of ownership. (b) Is the Insured responsible for repairs to the premises, if the premises have been damaged.	

10. (a). State the total value of property upon the premises at the time of loss.

(b). Details of any other insurance covering this loss :

Name & address of Insurance Company.....

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Policy Period

Policy Number.....

Sl.No.	Description of item stolen/damaged	Estimated amount of loss
		Rs.
	Total:	_____

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

Signature of Insured