

Claim Form
 Toll Free Number
1800-209-5846 (1800-209-LTIN)
 Website
www.ltinsurance.com
 SMS
'LTI' to 5607058 (56070LT)
GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
All the questions are mandatory.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.
PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

 Intermediary Name: _____
 Intermediary Code: _____

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

As soon as any Accident, Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and other particulars may be sent later.

Claim No: _____ Policy No/Cover Note No: _____

 Period of Insurance: D | D | M | M | Y | Y | Y | Y To D | D | M | M | Y | Y | Y | Y Customer ID: _____

POLICY HOLDER INFORMATION (Please enter details of the Insured)

 Title (Pls. Tick): Ms. Mrs. Mr.

 Name: F | I | R | S | T _____ M | I | D | D | L | E _____ L | A | S | T _____

Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.: _____ Floor No.: _____ Building Name: _____

Street Name: _____ Locality: _____

Landmark: _____

City/Village: _____ Pincode: _____

Post Office: _____ Fax No.: _____

 Mobile No.: _____ Landline: S | T | D _____

Email ID 1: _____

Email ID 2: _____

 Do you want us to effect the above change of correspondence address in policy document for all future correspondences? Yes No

Name of Supervising Engineer: _____

BANK DETAILS (Required for Electronic Fund Transfer)

 Name of the Account Holder: _____
 (as appearing in the Bank Account) _____

Bank Name: _____

Branch: _____ Location: _____

Account No: _____ Account Type: _____

MICR Code: _____ IFSC Code: _____

PARTICULARS OF ACCIDENT:

 • Date & Time of occurrence: D | D | M | M | Y | Y | Y | Y H | H | : | M | M

 • Full address of loss location:

- Description of occurrence:
- Give details on extent of the loss / damage:
 - (a) To Contract Works:
 - (b) To Construction Plant & Equipment:
 - (c) To Property belonging to Third Parties:
- What was the cause of the damage?
- Is any one responsible for the damage? Yes No
If Yes, state details:
- Is there any possibility of recovery? Yes No

DETAILS OF THE DAMAGED SECTION / WORKS

- i) How did the damage occur? (attach sketches, photos, etc):
- ii) How far had the construction of the damaged item(s) progressed at the time of the occurrence of damage?:
- iii) How will the damaged items be repaired?:
- Will any alterations or improvements be made to design, construction or material when repairs are carried out? Yes No
- Give name & address of witness to the occurrence:
- Are existing buildings / surrounding properties damaged? Yes No
If 'Yes', State details:
- What are the estimated costs for repair of damage to:

Contract Works:	₹
Construction Plant & Machinery:	₹
Third Party Property:	₹
Owner's Surrounding Property:	₹

- Give details of other insurances covering same property, if any:
- Details of previous losses, if any:

DECLARATION

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 of any material information, 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.

Place:

Date:

Signature of Insured