

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

STANDARD FIRE AND SPECIAL PERILS INSURANCE **CLAIM FORM** THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.

(A) Insured

1.

2.

(B)

Name

Address

		City:	Pin Code:
3.	Telephone		
4.	Email id		
5.	Period of Insurance	From to	
6.	If you are not sole owner please mention your interest and details of other interests in the property.		
Deta	ils of Loss		
1.	Date & Time of Loss		
2.	Who noticed the Loss and when?		
3.	Provide details of circumstances of loss and its cause		
4.	Property effected		
5.	Value of property		
6.	Estimated claim		
7.	Has the Loss been intimated to		
	Police	If yes, please attach report	
	Fire Brigade	If yes, please attach report	
)etai	Is of Other Insurances		



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Give Details of other Insurance	Give Details of other Insurance Policies if any covering the same property		
D) Details of Previous Losses	Details of Previous Losses		
Give details of previous claim	s, if any, on the affected property		
	bove questions have been truthfully and faithfully answered to the best of my/our		
knowledge. I/we understand th	at the claim may be refused if the information is untrue, inaccurate or concealed.		
Date:			
Place:	Signature of Claimant		