Royal Sundaram

FIRE CLAIM FORM

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391   Fax: 044-2851 5500
E-mail : customer.services@royalsundaram.in

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

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number		Certificate Number	
Card Number/ Account Number		Name of the Bank/ Corporate Partner	

■ 1.INSURANCE DETAILS

Name of the Insured

Address for Correspondence (with Pin Code)

Telephone Daytime / Mobile No.

STD Code :

Telephone Evening

STD Code :

E-Mail ID

■ 2.DETAILS OF THE FIRE

Date of Fire   (DD/MM/YY)

Time of Fire   (AM/PM)

Place of Fire

Nature and cause of Fire

Was the Fire reported to the Police ?   Yes ☐   No ☐

If 'yes', please give the address of the Police Station

If 'no', please give reasons why

Was the fire reported to the Fire Brigade ?	Yes ☐	No ☐

If 'yes', please give address of the Fire Station

If 'no', please give reasons why

Fire Brigade report no.

■ 3. DETAILS OF CLAIMS FOR PROPERTY DESTROYED OR DAMAGED

Description of Property	Price Paid	Date of Purchase	Amount claimed

Are you the sole owner of the property lost or damaged ?	Yes ☐	No ☐

If 'no', please give full details of ownership
hypothecation, hire purchase or lease details

■ 4. DETAILS OF OTHER INSURANCE COVERING THE AFFECTED PROPERTY

Company Name	Policy Number	Sum Insured	Period of Insurance	Claim Number

■ 5. DECLARATION

I hereby declare that the foregoing statements are made by myself and are true in all respects. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made or will make any false or fraudulent statement or any suppression, concealment or untrue averment whatsoever, the Policy shall be void and my right to compensation forfeited.

Witness

Signature / thumb
impression

Name

Date   (DD/MM/YY)

Full Address

Insured

Signature / thumb
impression of
Insured

Date   (DD/MM/YY)

Place

Please check that all questions have been completed in full and the form signed and dated.

Please enclose

☐ First Information Report from the Police   ☐ Fire Brigade report

☐ Final Investigation or Non Traceable Report from the Police   ☐ Proof of value of lost articles, if available.