

OFFICE PACKAGE INSURANCE POLICY (RETAIL)

Claim Form

Section 1: Fire and Allied Perils- Buildings and Contents

Office Package Insurance Policy (Retail)
Claim Form
Section 1: Fire and Allied Perils- Buildings and Contents

Name of Insured:

Agency/Broker Code:

Policy No:

Claim No:

Business/Insured Address:

Tel No: (O)

(Mobile):

(e-mail):

1. What was the nature of the occurrence and when did it take place?	At _____ p.m. on _____
2. At what address did it take place?	
3. For what purposes were the Premises being used at date of occurrence?	
4. Describe briefly what happened and the resultant damage, and state what you believe caused it to happen	
5. Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy?	
6. Is the Claimant the Sole Owner of the property damaged or destroyed?	
If not, state full particulars of any other Interest	
7a State whether the property was stolen, lost or damaged	
7b. If stolen, do your suspicions rest on anyone and if so whom?	
7c When and where was the property last seen by you	
8. If claim is in respect of Jewelry, when was the property last over-hauled by a Jeweler? Give name and address of firm	
9. Have you taken any other step to recover the lost property?	
10. Give dates of any previous claims of a similar nature you have made in connection with these in any other premises and state the amount of the loss. If none, please write "None"	
11. If the property was stolen or lost, give the date the police were advised, the name of station and a copy of the report made to the Police	



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12. Were there at the time of the occurrence any other existing Insurance on the said Property, with any other Company or Insurer, whether effected by the claimant or by any other Person? if so full particulars If not. Please write No	
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Details of Claim for property destroyed or damaged as required by the conditions of the company's policies.

Policy No. & Item of Policy	Description of property claimed for in detail	Amt. Insured	Market Value at time of loss	Market Value after the loss	Amt. Claimed

I/We do hereby solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of the loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of Rs _____ and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of loss or damage not including profit of any kind.

I/We do hereby solemnly and sincerely declare that I/We have not either directly or indirectly, proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby, and I/We make the foregoing solemn declarations conscientiously believing the same to be true, this _____ day of _____.

Signature of the Insured:

Date: _____

Place: