

**Standard Fire & Special Perils Policy (Material Damage)
Claim Form**

Issuance of this form does not imply acceptance of the liability

Please return the completed form within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No. Claim No.
 Date of Registration Area Office Code/Service Centre Code
 Broker/Agent Name Code

Section 1 - Insured Details

1. Name of the Insured
 2. Customer ID
 3. Address of the Insured
 Plot No./Flat No. Building name
 Road
 Area
 City Pin Code
 State
 Phone No. E-mail Id
 UID Aadhar No. PAN No.

Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)

4. Do you have a GST Registration Number Yes No
 If Yes, please specify
 Profession/Occupation Business Profession Salary Agricultural Income Savings Others
 Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

Please give following details pertaining to all the policies involved in fire accident:

Policy No.	Risk Covered	Location	Sum Insured(₹)	Estimated amount of loss(₹)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Period of insurance: From: To:
 Date & time of loss: Date: Time: AM / PM

5. Nature & cause of loss (please describe the circumstances leading to the loss)

6. Give details of insurance with any other insurance company on the risk involved in fire/accident.

7. If insured is not the sole owner, the nature of his/their interest in the property and details of other interests

8. Whether the loss is intimated to:

- a) Police _____
b) Fire Brigade _____

9. Was any claim reported in the past on the same property during current policy period? Yes No

If so, give details regarding

- a) Cause _____
b) Date of accident _____
c) Claim number _____
d) Policy issuing office _____
e) Amount of claim paid/outstanding _____

Section 2 - Bank Details

Would you like to opt for NEFT payment? ಐಐಐ ಓ.ಓ

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name _____ Branch Name _____
A/C Holder Name as in Bank Record _____
City _____ State _____
Account No _____ IFSC Code _____
(this is a 11 digit code printed on your cheque leaf)

Declaration by Insured

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: | d | d | m | m | y | y | y | y |

Place: _____

Signature of Insured