

ALL RISKS INSURANCE CLAIM FORM

Claim No. _____

Risk Code (For office use) _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Ltd.

A. The Insured

Name: _____

Address: _____

Tel No.: _____ Mobile: _____

E-mail: _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Loss Details

a) Item/s affected by loss: _____

b) Brief Description of loss: _____

c) Cause of loss: _____

d) Has the matter been reported to the Police? Yes No

If No, why? _____

e) Name of the Police Station: _____

f) FIR No. and date (Please enclose original or certified copy of FIR): _____

g) Name of the Carrier/Authority in whose custody the loss has taken place (if applicable): _____

h) Has the claim been lodged on the Carrier/Authority? Yes No

i) Date when the claim has been lodged on the Carrier/Authority? _____

(Please enclose copies of the correspondence exchanged with them)

j) Estimate of loss (with complete breakup): _____

k) Any other information which you would like to provide. _____

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

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Corporate Identity Number: U66030MH2007PLC173129 IRDA Reg. No. 141



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

- l) Date of Loss : _____ Time _____ am/pm
- m) Date/Time Discovered _____
- n) Location/Address of Loss: _____
City _____ Pin Code _____ State _____

General:

Is there any other insurance in force providing cover for this loss or damage? Yes No

If yes, please provide name of Insurer(s), policy no. and copy of Policy

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date: _____