

**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. Name	
2. 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.	

(B) Details 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

(C) Details of Other Insurances

Give Details of other Insurance Policies if any covering the same property

(D) Details of Previous Losses

Give details of previous claims, if any, on the affected property

I/We hereby declare that the above questions have been truthfully and faithfully answered to the best of my/our knowledge. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Date:

Place:

Signature of Claimant