

COMMERCIAL PACKAGE INSURANCE POLICY

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. Policy no.	
6. Period of Insurance	From to

(B) Details of Loss / Accident

Section I - Fire & Special Perils

1. Date, Time and Location of Loss	
2. Who noticed the Loss and when? Give his statement.	
3. Provide details of circumstances of loss, its extent and its cause	
4. Has the matter been reported to the Police / Fire Brigade? Give details	
5. Details of the property affected	

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Windsor House, 5th Floor, CST Road Kalina, Santacruz (East), Mumbai - 400 098, India

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Corporate Identity Number: U66030MH2007PLC173129 **IRDA Reg. No.** 141

6. If you are not sole owner please mention your interest and details of other interests in the property.	
7. Estimated claim amount	

Section II - Burglary and Housebreaking

7. Date, Time and Location of Loss	
8. Who noticed the Loss and when?	
8. Provide details of circumstances of loss, its extent and its cause	
9. How were entry to / exit from the premises effected?	
10. Were the premises occupied at the time of loss? If not, what date and time were they last occupied?	
11. Is anybody suspected of theft?	
12. Has the matter been reported to the Police? Give details.	
13. Is the insured sole owner of the affected property?	
14. Estimated claim amount	

Section III - Money Insurance

1. Date, Time and Location of Loss	
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2. Who noticed the Loss and when?	
3. Provide details of circumstances of loss, its extent and its cause	
4. In whose custody was the money at the time of loss? Was he an employee?	
5. Who were the other persons accompanying the person carrying the money	
6. How was the money carried?	
7. Estimated claim amount	
8. What steps have been taken to recover the lost money?	
9. Has the matter been reported to the Police? Give details.	

Section IV – Public Liability (Industrial) Insurance

15. Date, Time and Location of Loss	
16. When did you come to know about the accident?	
17. Provide details of circumstances of accident, its extent and its cause	
18. Was any person sustained bodily injury? If yes, give details	
19. Has the accident caused any	

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damage to the property or livestock. Give details	
20. Has any claim been made by any third person? If yes, please provide details	
21. If possible, give details of witnesses with their statements	
22. Estimated claim amount	

Section V – Consequential Loss (Fire & Allied Perils)

23. Date, Time and Location of Loss	
24. Who is the Insurer for material damage? If it is another insurer, please provide details.	
25. Is the material damage claim settled? If not, please provide status of claim.	
26. Provide details of circumstances of loss, its extent and its cause	
27. Indemnity sum insured and Indemnity period	
28. Estimated interruption period	
29. Turnover for the previous and current Financial Year	
30. Gross Profit for the previous and current Financial Year	
31. Estimated claim amount	

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32. Any additional information relevant to the claim	
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Section VI – Fidelity Guarantee

33. Dates and Location of Defalcation	
34. Who discovered the defalcation and how was it committed?	
35. Name, designation and department of the defaulting employee	
36. What is the frequency of checking / auditing the Cash books / Accounts / Stock books, etc. Was any discrepancy noted during those routine checks? If yes, give details and the action taken.	
37. What action has been taken to recover or to mitigate the loss	
38. Has the incident been reported to the Police? Please give details	
39. Estimated claim amount	

Section VII – Plate Glass / Neon Sign

40. Date, Time and Location of Loss	
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41. Who noticed the Loss and when?	
42. Provide details of circumstances of loss, its extent and its cause	
43. Estimated claim amount	

Section VIII – Electronic Equipment Insurance

44. Date, Time and Location of Loss	
45. Who noticed the Loss and when?	
46. Provide details of circumstances of loss, its extent and its cause	
47. Details of Machinery / Equipment (Make, Model and Serial no., Date of Mfg. or Purchase)	
48. Estimated claim amount	

Section IX – Group Personal Accident

49. Date, Time and Location of Accident	
50. Nature of injury	
51. Provide details of circumstances of accident	
52. Give details of the hospitalization and medical treatment received	

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53. Has the matter been reported to the Police? Please give details	
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Section X – Machinery Breakdown

54. Date, Time and Location of Loss	
55. Who noticed the Loss and when?	
56. Provide details of circumstances of loss, its extent and its cause	
57. Machinery details (Make, Model, Serial no., Year of Mfg. / Purchase	
58. Replacement cost of the similar new machine	
59. Date of last maintenance / service / overhaul – give details	
60. Date of expiry of manufacturer's warranty	
61. Details of previous repairs	
62. Estimated claim amount	

Section XI – All Risk (Portable Equipment)

63. Date, Time and Location of Loss	
64. Who noticed the Loss and when?	
65. Provide details of circumstances of loss, its extent and its cause	

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66. Estimated claim amount	
67. Has the matter been reported to Police? If yes, please furnish details	

Section XII – Workmen’s Compensation

68. Date, Time and Location of Accident	
69. Name of the injured person	
70. Provide details of circumstance of accident	
71. State nature of work for which injured person was employed	
72. Was the injured person engaged in the occupation when the accident occurred? If not, state exactly the nature of work he was doing.	
73. Is the injured person in direct employment? Please provide details	
74. Are you satisfied that the accident occurred in the course of and arising out of employment?	
75. Give details of his hospitalization / Medical treatment	
76. Is the injured employee covered under any other policy (ESI /	

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Personal Accident)	
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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

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