



CONSEQUENTIAL LOSS (FIRE) INSURANCE Claim Form

Insured's Details

1. Name: _____
2. Address: _____

3. City: _____ Pin Code: _____
4. Phone No: _____ Fax No.: _____

Contact Person's Details

1. Contact Person: _____
2. Phone No: _____ Mobile: _____
3. Email ID: _____

Policy Details

1. Policy No: _____ Period: From ____ / ____ / ____ To ____ / ____ / ____
2. Fire & Special Perils Policy No. _____
3. Period: From ____ / ____ / ____ To ____ / ____ / ____
4. Name of Insurer: _____

Details of Accident

1. Date of Accident: ____ / ____ / ____ Time _____ hrs.
2. By Whom _____
3. Location & Address of Loss: _____
_____ Pin Code: _____
4. Describe how loss occurred _____

5. Period of Interruption From ____ / ____ / ____ To ____ / ____ / ____
6. What is the Standard Turnover? _____
7. What is the Estimated Reduction in Turnover? _____
8. What is the Estimated Loss of Gross Profit? _____
9. Is there a Claim under Add on Covers? Yes No
10. Total Claim Under All Sections _____



RAHEJA OBE GENERAL INSURANCE COMPANY

General Information:

- 1. Details of Other Insurances: _____

- 2. Details of Previous Losses: _____

- 3. Details of Loss Minimizations steps taken: _____

Declaration

I/We declare that I/We have not withheld any material information and that all statements made above 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 given above is untrue, inaccurate or concealed.

Place

Date

Signature of Claimant