

ALL RISKS INSURANCE CLAIM FORM

1. The issuance of this form is not to be taken as an admission of liability by the insurer.
2. This form should be completed and returned to the Company immediately.
3. The form should be completed with care, as the Policy is voidable if any claim is fraudulent or deliberately exaggerated.

Name of the Insured:

Address

Telephone no.

Fax no.

Email:

Policy No.

Date and time of loss

When and where was the property stored?

State the circumstances of the loss or damage

Have the Police been informed? If yes, attach investigation report or a copy of the complaint lodged with the police.

Details of other steps taken to recover the property

Is there any other Insurance upon the same property? if so, please provide full particulars

State details of other similar losses sustained by you

State the details of jeweler who last overhauled the property (If claim is in respect of Jewellery)

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The undersigned Insured does hereby declare that the statements made herein are in all respects true and complete. Also he undertakes to refund the amount/(s) received in the event of all or any of the lost articles claimed being recovered/received.

Date:

Signature and Stamp of the Insured

LIST OF ITEMS LOST OR DAMAGED (Attach Additional Sheet if Necessary)

Item Number (in the Policy Schedule)	Description of articles lost or damaged	Purchase details (Receipt should be attached)		Deduction of wear and tear	Amount Claimed
		Date of Purchase	Cost		