

Incident Details Form

"ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY"

- Make true and full disclosures in your claim form.
- Inform the respective authorities, as required..
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

DETAILS OF CLAIMANT

1. Name: _____
2. Address for correspondence: _____

3. Contact Number: _____
4. Email ID: _____

DETAILS OF LOSS

Notification of Physical Loss or Damage

1. Time & Date of Loss: _____
2. Cause of Loss: _____
3. Items affected (give description): _____
4. When and where did you last see the lost or damaged property? _____
5. Have you informed the Police Authorities&/ or Fire Brigade? If so, when and where?
Police Station _____ Fire Brigade _____
Diary No _____
6. Extent of Loss (as more particularly described in the statement below): _____
7. State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature guarantee and the period: : _____
8. Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details
9. Any additional information relevant to processing of claim: _____

Sr. No.	Details of Item affected	Quantity	Rate(INR)	Total Amount (INR)
	Total			

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- c. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in many manner failed to disclosed material information, the cover shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present, future.
- d. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further / additional information in respect of the claim.
- e. The above statements are in all respects true and complete and are made without any kind of reservation.

Place: _____

Date: _____

Signature of the Claimant: _____