



### Property INSURANCE CLAIM FORM

1. Name and Address of Insured:
2. Please give following details pertaining to all policies involved fire/accident:

Policy No.	Risk Covered	Location	Sum Insured	Estimated Accident of Loss

3. Period of Insurance: \_\_\_\_\_
4. Date and time of loss: \_\_\_\_\_
5. Nature and cause of loss: \_\_\_\_\_  
(please describe the circumstances leading of the loss)
6. Give details of Insurance with any  
Other insurance company on the risk  
Involved in fire/accident: \_\_\_\_\_
7. If insured is not sole owner, the nature  
Of his/her interest in the property and  
Details of other insurance: \_\_\_\_\_
8. Whether loss intimated to  
(i) Police: \_\_\_\_\_  
(ii) Fire Brigade: \_\_\_\_\_

I hereby declare that the particulars furnished above are true and correct to the best of knowledge.

Place:

Date:

\_\_\_\_\_  
Signature of Insured

Office Seal