

## IFFCO-TOKIO General Insurance Company Limited

## JEWELLER'S BLOCK PROTECTOR POLICY

CLAIM FORM		
Claim No:	Policy No.	
Period of Insurance From	DD/MM/ YYYYY To DD/MM/ YYYYY	
The issuance of this form is not to be taken as an admission of liability Please answer all questions fully.		
Insured Name		
Address for correspondence		
	Telephone No.	
Date of loss	DD/MM/ YYYY	
Item/s affected by loss		
Brief Description of loss		
Cause of loss		
Has the matter been reported to the Police		
Name of the Police Station		
FIR No. and date (Please enclose original or certified copy of FIR)		
Name of the Carrier/Authority in whose custody the loss has taken place (if applicable)  Has the claim been lodged on the Carrier/Authority		

Date when the claim has been lodged on the Carrier/Authority	DD/MM/ YYYY
(Please enclose copies of the correspondence exchanged with them)	SO WIN TITT
Estimate of loss (with complete breakup)	
Estimate of 1000 (With complete breakup)	
Any other information which you would like to provide	
Any other information which you would like to provide	
Date: DD/MM/ YYYY	Signature of the Insured
	Signature of the insured
Place:	