

REGD. OFFICE:
BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

First Floor, The Ferns Icon, Survey No. 28,
Next to Akme Ballet, Doddanekundi,
Off Outer Ring Road, Bangalore- 560037,

Toll-Free Helpline: 1800-103-2292

E-mail: claims@bharti-axagi.co.in

SMS <CLAIM> to 5667700

Website: www.bharti-axagi.co.in



general insurance

SHOPKEEPER'S INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

SSI/SSR

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED/S

Name:

Address:

Pin code:

Telephone No:

E-mail Address:

Financial Interest:

Address of Financer:

Pin code:

If Insured is not the sole owner, for the nature of his/ their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time and Date of loss: (Hrs.)

The address of the accident site/location

Who noticed the loss & when

Please attach a statement of the person.

Details of the circumstances leading to loss and cause:

Please attach separate sheet, if necessary.

Nature of Loss Fire Burglary Machinery Breakdown

Others, (Please specify)

Please give the address where the affected items can be inspected:

The approximate amount of loss

Please attach separate sheet, if necessary.

Downloaded from www.insureatlick.com - Broker : Loyal Insurance Brokers Ltd.

C. LOSS INTIMATION

Whether loss has been intimated to Fire Brigade Yes No Police Authorities Yes No

If yes, please attach the copies of the reports.

D. PREVIOUS LOSS HISTORY, IF ANY

E. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

F. IN CASE OF ACT OF GOD PERILS, PLEASE ATTACH RELEVANT REPORTS

G. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS

If yes name and address of such person _____

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

Date: _____

Place: _____

Signature of Insured



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