



FUTURE GENERALI INDIA

Insurance Co., Ltd.

Please note that the issue of this claim form is not to be taken as an admission of liability

Policy No: _____ Claim no: _____

Details of Insured/ Claimant

1. Name : _____

2. Address : _____

_____ City: _____ Pin: _____

3. Name of Contact Person: _____

4. Contact No's: _____ Mobile: _____

Details of Accident

5. Date & Time of Accident/Occurrence: _____ Hrs. _____

6. Place of Accident/Occurrence: _____

7. Purpose for which the premises being used at the time of accident: _____

8. Description of accident /incidence*: _____

* if the loss sustained is due to 'Act of God peril' then please enclose report from meteorological department

9. Is the Insured / Claimant sole owner of the property damaged or destroyed ? : Yes / No
If not, state full particulars of any other interest: _____

10. Who has witnessed the loss (pls. attach his/ her statement) : _____

11. What measures were taken to minimize the Loss ? _____



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12. Whether loss has been intimated to Police / Fire brigade: Yes / No
(If yes , Please attach copies of their report)

13. Details of loss or damage under other section (s) / addon perils of the policy: _____

14. Please provide Details of claim for property destroyed or damaged - Item no of the policy,
Description of property, amount insured, market value / Reinstatement value at the time of loss, market value after loss,
Salvage amount , amount claimed (Please attach saperate sheet containing above information)

15. Give details of other Insurance, if any, covering the present loss: _____

16. Give details of previous Claims, if any : _____

Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Place

Date

Signature of the insured

Details of claim for p[roperty destroyed or damaged as required by the conditions of the compa

Policy no & Item of the Policy	Description of property claimed for in detail	Amt. insured	Market value at the time of loss	Market value after the loss

ins policies.

Amount claimed