## Bajaj Allianz General Insurance Company Limited



Regd. Office & Head Office : GE Plaza, Airport Road, Yerawada, Pune - 411 006

No. of Insurance Policy				N	OT	IFIC	CAT	10	N (	)F	MC	DN	EY	IN:	SU	RA	NC	CE (	CL/	AIN	1									
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Time     Name of Insured (Complete in BLOCK LETTERS)     Street and House No.     Postal Code, Location     Phone     F-mail     Cause of loss (Please give a brief description)     Amount of lost or stolen money     Rs.     Was the loss reported to the police ?     Yes     No        Has the perpetrator been caught by the police ?     Yes     Yes     No	Day of loss,																, 													$\square$
Time     Name of Insured (Complete in BLOCK LETTERS)     Street and House No.     Postal Code, Location     Phone     F-mail     Cause of loss (Please give a brief description)     Amount of lost or stolen money     Rs.     Was the loss reported to the police ?     Yes     No        Has the perpetrator been caught by the police ?     Yes     Yes     No	Date																													
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Are there any other insurances upon the same property ?		Yes No
	If yes, please ment	tion
	policy no.	
	insurance company	iy
Have you ever before sustained loss of the same nature ?		Yes No
If yes, please give a brief description.		
I/ we the above named being insured under the above policy do he	reby declare and set for	rth that at or about o'clock a.m./p.
on the day of 20 a lo	ss occurred as describe	ed above ivolving an amount of Rs.
and I/we do further declare that it is not otherwise insured against burg		
	ialy with this of any othe	er onice, expect as above stated
Witness my hand this day of	20	
Witness		
Occupation		
Address		Signature of the Insured
Additional Space for Details:		

Documentation (only for company staff)

Agreement with the Insured