

Property Insurance Claim Form

1. Name and address of Insured : _____
2. Please provide following details pertaining to all the policies involved in fire/ accident :

Policy Number	Risk covered	Location	Sum Insured	Estimated amount of loss

3. Period of Insurance : _____
4. Date and Time of Loss : _____
5. Nature and Cause of Loss : _____
- (Please describe the circumstances leading to 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 / their interest in the property and details of other interests. : _____
8. Whether Loss intimated to:
- i) Police : _____
- ii) Fire Brigade : _____
- iii) Meteorological Department : _____

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

Place

Date

Signature with official stamp of the Insured