

ADDRESS OF POLICY  
ISSUING OFFICE



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD.**

Regd. Office: 34, Nehru Place, New Delhi - 110 019

**Claim No.:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**FIRE INSURANCE CLAIM FORMS**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 15 days, from the date of occurrence.

Policy No.					
Date & Time of loss					
Location of Loss (Complete Address of Location)					
Circumstances of loss (Brief write up as to how the fire took place and how it spread, fire fighting efforts made and how finally it could be controlled)					
Your opinion about the Cause of Fire					
Estimate of Loss (Give details as per schedule)					
Sr. No.	Block Name	Building	P & M	Stocks	Packing Material
Details of Other Existing Insurances					
Name & Address of Company			Policy No.		Sum Insured

**Name:**

**Signature:**

**Date:**