



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

JAN SEWA BIMA YOJNA (MICRO INSURANCE)
(CLAIM FORM)

UIN : IRDAN106P0006V01201617

- Please note that this Claim Form is issued without 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, within 15 days, from the date of occurrence

Policy No.			
Identification details (Kisan Credit card no./ RSBY card no./ Voter ID card no./other.....)			
Date & Time of loss			
Location of Loss (Complete Address of Location)			
Nature of Loss (Sec.1)			Fire(contents)/ Burglary
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)			----- ----- -----
In case of a claim under Section 2(A)Personal a c cident & Section 2(B),please give name of affected Person with age and details of the injury/death suffered in an accident. Also attach FIR, Post mortem report and documents in support of physical disability and treatment taken .			----- ----- -----
Estimate of Loss (Give list of items lost / damaged)			
Sr. No.	Item	Value of item	
Details of Other Existing Insurances on the property affected			
Name & Address of Company		Policy No.	Sum Insured

Name :
Signature:
Date :