



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

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

**ERRORS AND OMISSIONS (TECHNOLOGY) INSURANCE  
CLAIM FORM**

Claim No. ....

Note: The issuance of this form is not to be taken as an admission of liability. Please answer all questions fully.

Policy Number	
Policy Period	
Name of Insured	
Address of Insured	
Phone/ Fax Number	
Entity against whom claim is made or threatened	
When and how did you first come to know the event / circumstances which have given rise to the claim	
Have you been advised of the loss?	a) Date of intimation by phone _____ b) Date in of intimation writing _____ (Attach copy of initial notice of claim)
Name of client who has lodged the claim	
Name of the relevant authorized representative of the client with phone number	
Nature of products and services provided to the client.	
When was the claim first notified to Insured?	

The following documents must be attached with this Form

- (1) Initial Notice of Claim
- (2) Copy of contract with the client
- (3) Copy of documents given in support of the claim

Toll Free: 1-800-103-5499; SMS "claim" to 56161

GSTIN: 06AAACI7573H1ZG; SAC Code: 9971

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017

Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



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Declaration

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect. I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Insured's Signature\_\_\_\_\_

Date\_\_\_\_\_