

## COMMERCIAL & POLITICAL RISK INSURANCE

### CLAIM FORM

#### FORMAT OF PROOF OF LOSS

To

IFFCO TOKIO General Insurance Company Limited.  
IFFCO Tower II, Plot No. 3, Sector – 29, Gurgaon – 122001, Haryana

Dear Sirs

**Re: Insurance Policy No: (The Policy)**

We refer to the above Policy and advise that the following cause of loss has occurred/Insured Payment remains unpaid beyond its due date [*select as applicable*], the details of which are as follows:

Cause of Loss:

Amount overdue:                                 INR xx,xxx,xxx.xx

Date of Loss (due date  
of Insured Payment):                             xx/xx/xxxx

Date of first post-maturity  
approach to Buyer for payment:             xx/xx/xxxx

The funds due to us have not been credited to the account we have nominated for receiving them. Nor have we been able to determine their receipt by any other means.

In support of this submission we are providing the following:

- 1
- 2
- 3
- 4



We are not aware of any legal or valid reason for non-payment by the Buyer of the Insured Payment. Nor are we in breach of any provisions of the Policy. We have complied with all conditions and warranties of the Policy.

We hereby claim from you the sum of INR ..... representing ....% of the amount due from the Buyer [complete as applicable].

Please make payment in accordance with the Policy to the following account:

*[INSURED'S OR LOSS PAYEE'S ACCOUNT DETAILS TO BE INSERTED]*

We request you to confirm receipt of this notice of our claim on you. We shall then look forward to receiving settlement on the Claim Payment Date though we acknowledge the right provided to you by the Policy to request any reasonable additional information which may be required in order to establish the validity of the claim.

We hereby confirm that we shall advise you promptly of the receipt by us (the Insured), subsequent to the date of this submission, of:

- (i) Any advice/communication from the Buyer offering a reason for non-payment of the Insured Payment;
- (ii) Any payment which may be made to us by the Buyer in respect of the Insured Payment;
- (iii) Any other payment which may be made to us by the Buyer which is undesignated and cannot be applied to a specific payment obligation;
- (iv) Any other information relating to the prospective or actual settlement to us by the Buyer of any part of the Insured Payment.

We await your advice on how you wish to move forward with our claim.

Yours faithfully,

Authorized signatory  
Name of signatory: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Date: \_\_\_\_\_