

ADDRESS OF ISSUING
OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

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

ALL RISK INSURANCE CLAIM FORM

Claim No.
Policy No.
Period of Insurance From To

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

Insured Name
Address for correspondence

Telephone No.

Date of loss

Item/s affected by loss:

Brief Description of loss:

Cause of loss:

Has the matter been reported to the Police

Name of the Police Station

FIR No. and date (Please enclose original or certified copy of FIR)

Name of the Carrier/Authority in whose custody the loss has taken place
(if applicable)

Has the claim been lodged on the Carrier/Authority

Date when the claim has been lodged on the Carrier/Authority
(Please enclose copies of the correspondence exchanged with them)

Estimate of loss (with complete breakup)

Any other information which you would like to provide

Date

Signature of the Insured