IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

ADDRESS OF POLICY ISSUING OFFICE

Claim No.: _____ **Date of Issue:** _____

COMPREHENSIVE HOME PROTECTOR POLICY

UIN: IRDAN106RPMS0025V01202425

SECTION 1 - FIRE CLAIM FORM

- 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 submit duly filled and signed claim form.

Policy Number	
Insured Name	
Sum Insured (in Rs.) under Section 1 (Fire and Allied Perils)	Part A – Contents: Part B – Building:
Date and 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 Loss	

Estimate of Loss (Please give details as per schedule)

Sl. No.	Description	Estimated Loss (in Rs)

Loss under Optional covers

Sl. No.	Section under which claim has been reported	Brief description of loss	Amount of loss(Rs.)

Details of other Existing Insurances			
Name and Address of Insurance Company	**Policy No**	**Sum Insured**	**Policy Expiry date**

DETAILS OF INSURED'S BANK ACCOUNT:

a) PAN | b) Account Number

c) Bank Name and Branch:

d) Cheque/ DD Payable details: | e) IFSC Code:

I/We, declare that all statements made on this form are true to the best of my/our knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.

I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, 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.

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Name: **Signature:** **Date:**