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

ALL RISK CLAIM FORM

Note: This claim form is applicable for Section 3A– **All Risk-Jewellery and Other Valuables**, Section 3B–**All Risk-Fine Arts** , Section 2B – **Accidental Damage**, Section 4 – **Fixed Glass** and **Sanitary Fittings** ,Section 10 – **Baggage Cover**

- 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.

Please tick the section in which the claim is preferred:

- **Section 3 – All Risk**
  - **Part A- All Risks – Jewellery and Other Valuables**
  - **Part B- All Risks – Fine Arts**
- **Section 2B – Accidental Damage**
- **Section 4 – Fixed Glass and Sanitary Fittings**
- **Section 10 – Baggage Cover**

Policy Number	
Insured Name	
Sum Insured under the Section	
Date and Time of Loss	
Complete Address of Location of Loss	
Circumstances of loss (Brief write up on circumstances under which loss occurred and when it was detected)	
Your opinion about the Cause of Loss	

Item/s affected by loss (Please provide the complete list item wise)	
Name of the Police Station	
First Information Report(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)	
Extent of Damage	
Cost of Repair (attach copy of Quotation)	
Any other information which you would like to provide	

Details of Other Existing Insurances

Name and Address of Company	Policy Number	Sum Insured

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.

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