IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

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

COMPREHENSIVE HOME PROTECTOR POLICY

UIN: IRDAN106RPMS0025V01202425

SECTION 2C- CHANGE OF RESIDENCE CLAIM FORM

Issuing Office(Address)	Certificate/Policy No…….
……	Period of Insurance……..
……	Claim No……

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please answer all relevant questions fully.

INSURED	Name …… Address for Correspondence …….. Telephone …… Profession / Occupation ……
Date of loss :	
Cause of Loss :	
Place where loss/damage occurred :	

Loss at existing residence as per policy	Loss at new residence	Loss during Transit between existing and new residence

Description of loss/ damage:	
Bill of Lading/ Airway Bill, Railway Receipt/ Lorry receipt Number:	
Name and address of the carrier:	
Mode of conveyance/ name of the vessel:	
External Condition of the goods on arrival:	

Whether damage certificate taken from the carriers, in case there is damage.	
Has the claim on carriers been lodged in case of accident ? If yes, please provide copy of the same.	
Copy of First Information Report/Final Investigation Report/Witness statement etc.	
Estimate of loss:	
Probable value of salvage, if any	

(if the space provided above is not sufficient, please attach separate sheets)

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the forgoing statement in every respect and 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 the Policy shall be void and all rights to recover there under shall be forfeited.

Date: **Signature of the Insured**