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 9 - LOAN PAYMENT PROTECTION CLAIM FORM

1. 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.
2. 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.
3. Please affix the duly filled and signed Personal Accident Insurance Claim Form along with this Claim Form.
4. Please submit duly filled and signed claim form.

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1. Insured details -

Policy No:
Name of Insured:
Address:
Sum Insured:

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2. Particulars of Injury/ sickness/ disease:

Details of injury/ sickness/ disease:
Name and address of Medical practitioner: (Kindly attach a copy of report provided by Medical practitioner)
Details of EMI:

Bank/ Financer name	Type of Loan	EMI start date	No. of instalments	Frequency of EMI	EMI value (in Rs.)	Other Details (if any)

Total estimate of outstanding EMIs		
Details of Other Existing Insurances		
Name and Address of Company	Policy No.	Sum Insured

I/We, declare that all statements made on this form are true to the best of my/our knowledge and belief.

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