



**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: \_\_\_\_\_

**ALL IN ONE HOME PROTECTOR POLICY**

UIN: IRDAN106RP0064V01201819

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. Should there be delay in obtaining any documents relating to the claim, kindly return this Claim Form, duly filled and signed, first to Our Policy Issuing Office (mentioned in the Policy Schedule).

**1. Insured details -**

Policy No:

Name of Insured:

Address:

Sum Insured:

**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 instalment s	Frequ ency of EMI	EMI value (in Rs.)	Other Details (if any)

Total estimate of outstanding EMIs						
Details of Other Existing Insurances						
Name & 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:**