



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Claim No.: _____

BANK LOCKER PROTECTOR POLICY

UIN: IRDAN106RP0063V01201819

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 return this form, duly filled & signed, within 15 days, from the date of occurrence.

Policy Number		
Insured Name		
Sum Insured under the policy 1) Loss of Jewellery and Valuables 2) Loss of documents		
Date & Time of Loss		
Circumstances of loss (Brief write up on circumstances under which loss occurred & when it was detected)		
Your opinion about the Cause of Loss		
Item/s affected by loss (Please provide the complete list itemwise)		
Name of the Police Station where the incident has been reported		
FIR No. and date (Please enclose original or certified copy of FIR)		
Cost of Repair, if applicable (attach copy of Quotation)		
Any other information which you would like to provide		
Details of Other Existing Insurances		
Name & Address of Company	Policy Number	Sum Insured

DETAILS OF INSURED'S BANK ACCOUNT FOR THE PURPOSE OF CLAIM SETTLEMENT:

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:

Details of items affected by loss –

S. No.	Description of item	Quantity	Value (in Rs.)