



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

ALL RISK CLAIM FORM

Note: This claim form is applicable for Section 3 – All Risk, Section 4 – Fixed Glass and Sanitary Fittings and Section 10 – Baggage

- 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.

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 4 – Fixed Glass and Sanitary Fittings

Section 10 – Baggage

Policy Number	
Insured Name	
Sum Insured under the Section	
Date & Time of Loss	
Complete Address of Location 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	



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 & 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: