



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 12 - INCREASED LIVING EXPENSES CLAIM FORM

- Please attach this claim form with the duly filled Section 1 (Fire and Allied Perils) or Section 2 (Burglary and Other Perils) claim form, whichever is applicable.
- Please note that this Claim Form is issued with out 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, with in 15 days, from the date of occurrence.

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

Estimate of Expenses incurred for :

i) Cost of evacuation of You, Your Family and Your domestic employees	
ii) Emergency medical treatment cost at home or at clinic/ hospital	
iii) Cost of hiring furniture and other household or electrical fittings and gadgets being utilised in Your Home	
iv) Cost of removal /transportation of Your Home Contents to the alternative accommodation	
v) Any emergency accommodation at a hotel, guest house or lodge	
vi) Daily food, clothing,shelter and consumer durable items	
vii) Reasonable legal cost in discharging your mortgage following the settlement of a total loss claim	

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. 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: