



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

JAN KAVACH YOJNA (MICRO INSURANCE)

UIN: ITG-OM-P19-09-V01-18-19

(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 No.							
Insured Name							
Identification details (Kisan Credit Card /RSBY Card / Ration Card / Voter ID Card/ Aadhar Card)							
Date & Time of loss							
Location of Loss (Complete Address of Location)							
Nature of Loss (Sec.1)				Fire (dwelling)/ Fire(contents)/ Burglary			
Circumstances of loss (Brief write up as to how the fire took place and how it spread, fire fighting efforts made and how finally it could be controlled)				----- ----- -----			
In case of a claim under Section 2A Personal accident and Section 2B Education Protection, please give name of affected Person with age and details of the injury/death suffered in an accident. Also attach FIR, Post mortem report and documents in support of physical disability and treatment taken				----- ----- -----			
Estimate of Loss for Section-1 (Give list of items lost / damaged)							
Sr. No.	Item	Value of item		Total estimate of loss			
Details of Other Existing Insurances on the property affected							
Name & Address of Company				Policy No.		Sum Insured	

Details of Claimant's Bank Account (if available):

a) Account Number

c) Bank Name and Branch

d) Cheque/ DD Payable details:

e) IFSC Code

Name :

Signature:

Date: