GENERALI Central INSURANCE

JEWELLERS BLOCK INSURANCE
CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No. | | | | | | | | | | | | | | |

Claim No. | | | | | | | | | | | | | | |

Period of Insurance: From - _____/_____/_____ To - _____/_____/_____

A. DETAILS OF INSURED /CLAIMNT

1. Name as Per Policy - _____
2. Address:
   - Plot No. / Door No. _____
   - Building Name _____
   - Road _____
   - Area _____
   - City _____
   - Pin code __ __ __ __ __ __
   - State _____
3. Contact Details:
   - Phone No. __ __ __ __ __ __ __ __ __ __ __
   - Mobile No. __ __ __ __ __ __ __ __ __ __ __
   - Email id _____
4. Brief Description of Business/ office/ Industry/ Occupation

_____

_____

_____

_____

B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss - _____ Time of Loss - _____ a.m./p.m.
2. Loss Location Address:
   - Plot No. / Door No. _____
   - Building Name _____

Road _____
Area _____
City _____
Pincode __ __ __ __ __ __
State _____

3. Contact Details of Person/s at Loss Location:

Name: _____
Relationship with Insured: _____
Phone No. __ __ __ __ __ __ __ __ __ __
Mobile No. __ __ __ __ __ __ __ __ __ __
Email id _____

4. Describe Cause of Loss/Damage

_____
_____
_____
_____
_____

5. Estimated Loss (Rs) _____

INFORMATION TO AUTHORITY

1. Has the loss been reported to the Police Authority? YES / NO
   If "NO", Reason for Not Reporting _____
   _____
   _____
   _____

   If "YES", Provide details: FIRE( ) POLICE ( ) MUNICIPALITY( ) OTHER( )
   _____
2. Name of Authority _____
3. FIR No. / Authority Reference No. (Please Enclose Original or Certified Copy of FIR)
   _____
   _____
4. Name of the Carrier / Authority in whose custody the loss gas taken place (if Applicable)
   _____

5. Has the claim has been lodged on the carrier/ authority _____

_____

6. Date when the claim has been lodged on the carrier / authority (Please enclose copies of the correspondence exchanged with them) _____

7. Estimate of loss (with complete breakup) _____

_____

_____

_____

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance? YES / NO
   If "YES", Specify Details and Attach a copy of the policy _____

   _____

2. Name of Insurer: _____
3. Address:
   Plot No. / Door No. _____
   Building Name _____
   Road _____
   Area _____
   City _____
   Pin code __ __ __ __ __ __
   State _____
4. Contact Details: Phone No. __ __ __ __ __ __ __ __ __ __
   Mobile No. __ __ __ __ __ __ __ __ __ __
   Email id _____
5. Policy No. _____
6. Period of Insurance: From - _____/_____/_____ To - _____/_____/_____
7. Sum Insured (Rs.) _____

D. DETAILS OF ITEMS AFFECTED

Sl. No.	Description of Items	Sum Insured (Rs.)

E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Causes of Loss	Value of Loss	Insurer

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? YES / NO

If "YES", Specify

_____

_____

_____

_____

_____

_____

_____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, 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, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place: _____ Signature of Insured/ Claimant_____

Date:_____ Name of Insured / Claimant _____