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UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

Regd. Office & Corporate Office:: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City
Off Western Express Highway, Goregaon East, Mumbai 400063. Email: contactus@universalsompo.com

ALL RISKS INSURANCE POLICY - RETAIL

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

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

Policy No. _____

Claim No. _____

A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	___/___/___ To ___/___/___
Limits of Indemnity under the Policy	_____		

B. DETAILS OF LOSS

Date of Loss	___/___/___	Time	__:__ AM/PM																
LOSS LOCATION																			
Address line 1	_____																		
Address line 2	_____																		
City	_____	State	_____ Pin Code _____																
Phone No.	_____	Mobile No.	_____ Email _____																
Describe cause of Loss/Damage	_____																		
DETAILS OF THEFT																			
Date of Discovery	___/___/___																		
<table border="1"> <thead> <tr> <th>Item Lost (Year/Make/Model)</th> <th>Original Purchase Value</th> <th>Purchase Date</th> <th>Value Claimed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Item Lost (Year/Make/Model)	Original Purchase Value	Purchase Date	Value Claimed												
Item Lost (Year/Make/Model)	Original Purchase Value	Purchase Date	Value Claimed																
WITNESS DETAILS		INFORMATION TO AUTHORITY																	
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No																	
If "Yes", specify		Accident / Loss? If "Yes", specify																	
Name of the witness	_____	Name of the Authority	_____																
Address line 1	_____	Contact Person	_____																
Address line 2	_____	Authority reference no.	_____																
City	_____	Address line 1	_____																
State	_____	Address line 2	_____																
Pin Code	_____	City	_____ State _____																
Phone No.	_____	Pin Code	_____																
Mobile No.	_____	Phone No.	_____ Mobile No. _____																
Email	_____	Email	_____																

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C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy Yes No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____

Policy No. _____ Email _____

Period of Insurance From __/__/____ To __/__/____ Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details Yes No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? Yes No

If "Yes", specify _____

Declaration

1. I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.

Claim Form: All Risk Insurance Policy (Retail)
 UIN: IRDAN134RP0027V01202223

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3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date:

Signature of Insured