

UNIVERSAL SOMPO GENERAL INSURANCE- BHARAT GRIHA RAKSHA - PLUS

CLAIM FORM

Fire Claim Form

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by USGI.

Do not dispose off or destroy damaged property without consent of surveyor/USGI.

A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No. Office _____ Mobile _____ Email _____

Contact name _____ Mobile _____ Email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Loss Details

1. Date _____ Time _____ am/pm

2. Date/Time Discovered _____ By whom _____

3. Location/Address of Loss _____

4. City _____ Pin Code _____ State _____

5. Premises occupied as _____

6. Describe fully circumstances of Loss, how it happened, what triggered the Loss

7. What is Lost & Extent of Loss (Attach separate sheet if more than 1 items)

Item damaged	Amount insured	Market value at loss	Market value after the loss	Salvage value	Amount claimed*

**Should constitute only value of the claimed item(s) without including profit of any kind*

8. Claim under Extra Benefits Rs. _____

D. General (Put a tick ☐ in the appropriate ☐)

1. Has the loss or damage been reported to the Police and Fire Brigade? Yes ☐ No ☐
If yes, please attach a legible copy of FIR and Fire Brigade Report

2. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God? Yes ☐ No ☐
If yes, please attach a copy of report from the meteorological department/newspaper clipping

3. Is there any other insurance in force providing cover for this loss or damage? Yes ☐ No ☐
If yes, please provide name of Insurer(s), policy no. and copy of Policy

4. Have you ever suffered a loss or damage in the past? Yes ☐ No ☐
If yes, please provide Date, Amount of Loss and Name of Insurer

5. Are the premises protected by a Fire Protection/Detection system?
Hydrant Yes ☐ No ☐ Sprinkler Yes ☐ No ☐ Smoke Detector Yes ☐ No ☐ Extinguisher(s) Yes ☐ No ☐

6. Were the fire protection/detection system activated during the incident

7. Did you take any measures to minimize the loss? Yes ☐ No ☐

If yes, please provide details of the same

8. Are there any steps taken to prevent a reoccurrence? Yes ☐ No ☐
If yes, please provide details (please attach separate sheet if required)

9. Was there another person, in your opinion, responsible for the loss or damage? Yes ☐ No ☐
If yes, please provide name, address & phone no.

10. Was there any witness(es) to the incident? Yes ☐ No ☐
If yes, please provide name, address, phone no. and enclose statement from the witness

11. Is the property subject to a hire purchase or hypothecation agreement? Yes ☐ No ☐
If yes, please provide name & address of relevant parties/financial institution

12. Has there been any alteration in the occupation or use of the premises since the Policy was taken up?
Yes ☐ No ☐
If yes, please provide details of changes/alterations in the alteration in the property and/or occupation

13. Were the premises occupied at the time of the loss or damage? Yes ☐ No ☐
If not, unoccupied since when

14. Are you the sole owner of the premises/property? Yes ☐ No ☐
If not, please provide details of other owners of the premises/property?

15. Are you responsible for repairs? Yes ☐ No ☐

16. At the time of loss, what was the total value of all property in the premises? _____

IMPORTANT NOTICE

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately.

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 as 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 any of the above stated 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.
3. I/We have read and understood the privacy policy of the Company at www.universalsampo.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.

Signature of Insured:

Date :

Company's stamp

Documents to be attached: