

**COMMERCIAL CRIME INSURANCE  
CLAIM FORM**

(The issue of this form is not to be considered as an Admission of Liability)

1.	<b>Details of the Insured</b>	
(a)	Name & Address of Insured	
(b)	Contact Person	
(c)	Contact No.	
(d)	Email ID	
(e)	Policy No.	
(f)	Period of Policy	
(g)	Limit of Indemnity under Policy	
(h)	Do you have any other policies covering the same incident? If yes, please give details of insurer, policy no., etc.	
2.	<b>Particulars of Claim</b>	
(a)	Date and time of occurrence	
(b)	Place of occurrence	
(c)	Describe the events of the circumstance of Claim	
(d)	On which date did you first become aware of the circumstance of the Claim?	
(e)	What is the estimated amount of Claim and breakup? Any comments on the above	
(f)	Have you conducted any internal investigations / police / regulatory authorities' enquiries conducted? - If yes, please provide copies of relevant reports of enquiries along with correspondence exchanged	

**This is an Internal document.**

(g)	Has there been any demand, suit or legal proceeding related to this incident that has been made against the Insured by any third party? If yes, please give all details. Also attach the notices and correspondence	
(h)	Has this claim been reported under any other Policy?	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

- a) I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
- b) 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.
- c) I/We have read and understood the privacy policy of the Company at [www.universalsompo.com](http://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.
- d) 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.
- e) 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. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- f) 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 the Insured