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# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Registered Office: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063.

## ALL RISK INSURANCE POLICY

**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																
<b>LOSS LOCATION</b>																			
Address line 1	_____																		
Address line 2	_____																		
City	_____	State	_____ Pin Code _____																
Phone No.	_____	Mobile No.	_____ Email _____																
Describe cause of Loss/Damage _____																			
<b>DETAILS OF THEFT</b>																			
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																
<b>WITNESS DETAILS</b>		<b>INFORMATION TO AUTHORITY</b>																	
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify Name of the witness _____ Address line 1 _____ Address line 2 _____ City _____ State _____ Pin Code _____ Phone No. _____ Mobile No. _____ Email _____		Have any authority been informed about Accident / Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify Name of the Authority _____ Contact Person _____ Authority reference no. _____ Address line 1 _____ Address line 2 _____ City _____ State _____ Pin Code _____ Phone No. _____ Mobile No. _____ 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.

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3. 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.

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

Toll free: 1-800-22-4030. Helpline: 022-26748600. Email: [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)