

**EVENT CANCELLATION INSURANCE POLICY  
CLAIM FORM**

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

As soon a Loss / Potential Loss causing circumstances to have become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatching this form and detailed particulars may be sent later. This Claim Form is to be completed and signed by an authorized representative of the Insured.

Policy Number:

**A Insured Details:**

1. Name & Address: :  
:
2. Location Address where the Event is / was to be held :
3. The policy year / period :
4. Has the proposed event had to be called off (partially or wholly)? : Yes No  
(If you answered 'Yes' to the above question, please provide reasons below)
5. Are you planning to Postpone / Reschedule / shift location for this event? Yes No  
(If you answered 'Yes' to the above question, please provide full details below)

**B. Claims Details**

1. It is important that you tell us as much as possible, including a chronology of events and/or brief summary of the background to the cancellation / abandonment / Interruption or likely relocation or postponement of the Proposed Event.
  - a) When did you first become aware that the Event may have to be cancelled; abandoned; interrupted; relocated or postponed?
  - b) Was the Event interrupted mid-way & reasons for such interruption? or when did you decide to cancel or abandon the Event?
  - c) Cause of loss, destruction, damage, accident or injury leading to such cancellation / abandonment of the Event?
  - d) If the Event is Postponed or Rescheduled, will it be in a similar format as the original one? If not what changes will be made?

This is an Internal document.

2. Will it be possible to carry out this Event by incurring additional costs? What is the nature of such costs? Please provide full details below
  
3. What do you anticipate will be your total losses as a result of the Cancellation / Abandonment or Interruption of the Insured Event?
  
4. What Expenses have you incurred or expect to incur in order to postpone or relocate the Insured Event?
  
5. Is there any other Policy(ies) which will provide indemnification for this loss? If so, please provide full details

**C. Documents Attached with this form:**

- |  |     |    |
|--|-----|----|
| 1. Receipts for payments made and/or copies of bank statements:                                    | Yes | No |
| 2. Copies of contracts & correspondence between you & your suppliers:                              | Yes | No |
| 3. Medical certificates and relevant supporting evidence:  | Yes | No |
| 4. Weather reports:  | Yes | No |
| 5. Photographs:  | Yes | No |
| 6. Screenshots and information available on social media sites that could help support your claim: | Yes | No |
| 7. Copies of Risk Assessments, Accident Books & First Aid reports:                                 | Yes | No |
- (Above is not a definitive list; it covers most of the information that is commonly requested)*
- 8.
  - 9.

**D. Declaration & Authorization:**

1. 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.
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.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.

Date:

Place:

Signature of the Authorized Official(s)

Seal of the Company