This is an Internal document.

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

COMPREHENSIVE OPERATIONAL LARGE RISK POLICY
CLAIM FORM

Policy No._____

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.

Risk Code (For office use) _____

A. The Insured	
Name	
Address	
Tel No.	Office………………... Mobile………………… Email……………………………………
B. Policy Details	Policy No. …………………….. Period of Insurance…………………... to ………………………
C. Loss Details	Date……………………………………………….. Time…………………...am/pm……………………… Date/Time Discovered………………By whom……………………… Location/Address of Loss………………………………………….. City………………………….……………… Pin Code…………………... State……………………….. Premises occupied as Describe fully circumstances of Loss, how it happened, what caused the Loss ……………………………………………………………………………..
Estimated amount of loss	1.Material Damage (Please provide break-up) 2.Business Interruption (due to fire) 3. Business Interruption (due to MLOP)
D. General (Put a tick	1. Has the loss or damage been reported to the Police/Fire Brigade?

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☐in the appropriate☐)	Yes ☐ No ☐ If yes, please attach a legible copy of FIR/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 deptt/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 ☐ Was the same activated during the incident ……………………………………………………………………………
	6. Did you take any measures to minimize the loss? Yes ☐ No ☐ If yes, please provide details of the same………………………………………………………………………………………… ………………………………………………………….
	7. Are there any steps taken to prevent a reoccurrence? Yes ☐ No ☐ If yes, please provide details (please attach separate sheet if required)………………………………………………………………………………………… …………………………………………………
	8. Was there another person, in your opinion, responsible for the loss or damage? Yes ☐ No ☐ If yes, please provide name, address & phone no. ………………………………………………………………………………………… ………………………………………………….
	9. Was there any witness (es) to the incident? Yes ☐ No ☐ If yes, please provide name, address, and phone no. and enclose statement from the witness………………………………………………………………………………… …………………………………………………………..
	10. Is the property subject to a hire purchase or hypothecation agreement? Yes ☐ No ☐ If yes, please provide name & address of relevant parties/financial institution………………………………………………………………………………………… ………………………………………………….
	11. 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 occupation………………………………………………………………………………………… ……………………………………………………..
	12. Were the premises occupied at the time of the loss or damage?

	Yes ☐ No ☐ If not, unoccupied since………………………………………………… 13. Are you the sole owner of the premises/property? Yes ☐ No ☐ If not, please provide details of other interested parties…………………………………………………………………..
	14. Are you responsible for repairs? Yes ☐ No ☐
	15. At the time of loss, what was the total value of all property in the premises?.. ....

DECLARATION

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 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