

This is an Internal document.

CONSEQUENTIAL LOSS (FIRE INSURANCE POLICY) - RETAIL - CLAIM FORM

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
LOSS LOCATION			
Address line 1	_____		
Address line 2	_____		
City	_____	State	_____ Pin Code _____
Phone No.	_____	Mobile No.	_____ Email _____
Describe cause of Loss/Damage _____			
Estimated Loss (Rs.) _____			
WITNESS DETAILS		INFORMATION TO AUTHORITY	
Is any witness available for accident/loss?	Yes No	Have any authority been informed about	Yes No
If "Yes", specify		Accident / Loss? If "Yes", specify	
Name of the witness	_____	Name of the Authority	_____
Address line 1	_____	Contact Person	_____
Address line 2	_____	Authority reference no.	_____
City	_____	Address line 1	_____
State	_____	Address line 2	_____
Pin Code	_____	City	_____ State _____
Phone No.	_____	Pin Code	_____
Mobile No.	_____	Phone No.	_____ Mobile No. _____
Email	_____	Email	_____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

This is an Internal document.

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 CONSEQUENTIAL LOSS

Whether any alteration has been made in the nature of business / occupation of premises after inception of Policy ☐ Yes ☐ No
 If "Yes", please give details _____

Were the premises occupied at the time of loss ☐ Yes ☐ No

If no, un-occupied since __/__/____ for reasons _____

Details of Material Damage under Fire & Special Perils Policy / MBD Policy

Name of the Insurer _____

Address line 1 _____ Address line 2 _____

City _____ Pin Code _____ State _____ Phone no. _____

Policy No. _____ Period of Insurance __/__/____ to __/__/____

Sum Insured: (a) Building _____ (b) P&M _____ (c) FFF _____ (d) Stocks _____

At the time of loss, the premises were occupied as: Manufacturing facility Warehouse Dwelling

Amount of Material Damage loss: (Rs.)

(a) Building _____ (b) P&M _____ (c) FFF _____ (d) Stocks _____

Period for which the business was interrupted due to fire / MBD __/__/____ to __/__/____

What was the annual turn-over for the last financial year? Rs. _____

What is the estimated reduction in turn-over due to interruption? Rs. _____

What is the estimated loss of Gross Profit due to interruption? Rs. _____

Standing Charges / Expenses incurred for Loss Minimization, if any, Rs. _____

Was there any person / organization, in your opinion, responsible for the loss? ☐ Yes ☐ No

If "Yes", please provide details along with contact numbers and address, if available (this information will be used only for investigation of this claim and source will not be divulged to the suspected party)

What steps have been taken to prevent recurrence of similar incidence? _____

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years		
Claim Year	Claim Description	Amount Rs.

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify _____

This is an Internal document.

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.

Place: _____

Date: _____

Signature of Insured