

This is an Internal document.

CONSEQUENTIAL LOSS (FIRE INSURANCE POLICY) - 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	
Is any witness available for accident/loss? Yes No If "Yes", specify	Have any authority been informed about 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 _____

Addressline 1 _____ Addressline 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 _____

Addressline 1 _____ Addressline 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.

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