

**This is an Internal document.**

**EVENT CANCELLATION INSURANCE POLICY (RETAIL)  
CLAIM FORM**

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.*

**A. The Insured**

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Contact name \_\_\_\_\_ 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 in full circumstances of Loss \_\_\_\_\_

What is the item lost & Extent of Loss (Attach separate sheet if more than 1 items)

Item Lost	Amount insured	Amount claimed*

\* Kindly indicate separately the amount being claimed under 'Add-on covers/benefits.'

**D. General** (Put a tick ☐ in the appropriate ☐ where necessary)

1. 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 \_\_\_\_\_

2. Are there any steps taken to mitigate the loss? Yes ☐ No ☐  
If Yes, please provide details (please attach separate sheet if required) \_\_\_\_\_

3. Has there been any alteration in the occupation or use of the Venue/premises since the Policy was taken up?

Yes ☐ No ☐

If Yes, please provide details of changes/alterations

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4. Whether any loss under Section III (Legal Liability) has been reported?

Yes ☐ No ☐

(i) If Yes, please provide details of the liability

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(ii) Amount Claimed 

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#### **IMPORTANT NOTICE**

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.

2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned to the Company/Surveyor immediately.

3. The Insured should make no offer or admission of liability to Third Parties.

4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (unanswered).

#### **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.

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.

Signature of Insured: \_\_\_\_\_

Date : \_\_\_\_\_

**This is an Internal document.**

Company's stamp

**Documents to be attached:**

- (i) Loss Intimation letter
- (ii) Details of claim amount lodged
- (iii) Newspaper cutting (if any) confirming the cancellation of event
- (iv) Police Report (if any)
- (v) Details of loss minimization measures taken by the Insured
- (vi) Any other document in support of the claim.