

This is an Internal document.

UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

Regd. Office & Corporate Office: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063

EYE WEAR INSURANCE POLICY

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	_____		

DETAILS OF THEFT			
Date of Discovery	__/__/____		
Item Lost (Year/Make/Model)	Original Purchase Value	Purchase Date	Value Claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
WITNESS DETAILS		INFORMATION TO AUTHORITY	
Is any witness available for accident / loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any authority been informed about	<input type="checkbox"/> Yes <input type="checkbox"/> 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	_____
Phone No.	_____	State	_____
Mobile No.	_____	Pin Code	_____
Email	_____	Phone No.	_____
		Mobile No.	_____
		Email	_____

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C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy Yes 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 _____

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 PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? Yes No

If "Yes", specify _____

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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:

Signature:

Date:

Name of Insured:

Toll free: 1-800-22-4030 / 1800-200-4030. Email: contactclaims@universalsompo.com