Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

JEWELLER'S COMPREHENSIVE (LAGHU UDYAM)- 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	_____
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? Yes / No	Have any authority been informed about Accident/ Loss?
If "Yes", specify	Yes / No. 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   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 _____

C. DETAILS OF OTHER INTEREST

Is the insured sole owner of the proper? If "Yes", specify details   Yes / No

Name of insured interest   _____

Person/s who has interest on property _____

His nature of interest   _____

Address Line 1 _____ State _____

City   _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

D. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

E. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? If "Yes", specify details   Yes / No

If "Yes", specify   _____

_____

_____

_____

_____

_____

_____

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