

STANDALONE TERRORISM INSURANCE
CLAIM FORM

Claim No. _____

Risk Code (For office use) _____

Intermediary code _____

Intermediary Name _____

- I. All questions must be answered fully and accurately. 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.*
- II. The issue or acceptance of this form is not to be construed as an admission of liability by USGI.*
- III. Do not dispose of or destroy damaged property without consent of surveyor/USGI.*
- IV. 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.*
- V. As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please don't delay dispatch of this form and such particulars may be sent later.*
- VI. The Insured should make no offer or admission of liability to Third Parties.*
- VII. Any communications and/or information that the Insured receives regarding the accident or damage which is the subject matter of this claim should be sent to the Company immediately.*

A. The Insured

Name _____

Address _____

Telephone Office _____ Mobile _____ Email _____

Contact name _____ Mobile _____ Email _____

B. Policy Details

Policy No. _____

Period of Insurance From _____ 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 fully circumstances of Loss, how it happened, what caused the Loss _____

What is Lost & Extent of Loss (Attach separate sheet if more than 5 items)

Item damaged	Amount insured	Market value at the time of loss	Market value after the loss	Salvage value	Amount claimed*

*Should constitute only value of the claimed item(s) without including profit of any kind

Claim under Extra Benefits Rs. _____

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

1. Has the loss or damage been reported to the Police? Yes ☐ No ☐
If yes, please attach a legible copy of FIR Report

2. 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

3. Have you ever suffered a loss or damage in the past? Yes ☐ No ☐
If yes, please provide Date, Amount of Loss and Name of Insurer _____

4. Did you take any measures to minimize the loss? Yes ☐ No ☐
If yes, please provide details of the same _____

5. Are there any steps taken to prevent a reoccurrence? Yes ☐ No ☐
If yes, please provide details (please attach separate sheet if required) _____

6. Was there another person, in your opinion, responsible for the loss or damage? Yes ☐ No ☐
If yes, please provide name, address & phone no. _____

7. Was there any witness (es) to the incident? Yes ☐ No ☐
If yes, please provide name, address, and phone no. and enclose statement from the witness _____

8. Is the property subject to a hire purchase or hypothecation agreement? Yes ☐ No ☐
If yes, please provide name & address of relevant parties/financial institution _____

9. Were the premises occupied at the time of the loss or damage? Yes ☐ No ☐
If not, unoccupied since _____

10. Are you the sole owner of the premises/property? Yes ☐ No ☐
If not, please provide details of other interested parties' _____

This is an Internal document.

11. Are you responsible for repairs of all damaged property?

Yes ☐ No ☐

12. At the time of loss, what was the total value of all property in the premises?

Bank Details (Required for electronic fund transfer)	
Name of account holder (as appeared in bank account)	
Bank Name and branch	
Account No	
Account Type	
MICR Code	
IFSC Code	

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.

Signature of Insured: _____

Date: _____

Company's stamp

Witnesses:

List of documents to be attached:

Type of document	Remark, if any