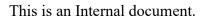
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STANDALONE TERRORISM INSURANCE CLAIM FORM

Claim No			Risk Code (For office use)				
Intermediary code			Intermediary Name				
I. II. IV. V. VI. VI.	All questions must be answered fully and accurately. If there is insufficient space, kindly use a separa sheet which can be attached to this form. If any sections are not fully completed or left blank, the form where turned for completion. The issue or acceptance of this form is not to be construed as an admission of liability by USGI. Do not dispose of or destroy damaged property without consent of surveyor/USGI. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded at a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed. As soon as Loss or Damage has become known, the Company must be notified without delay. If any deter or information is not readily available, please don't delay dispatch of this form and such particulars may be sent later. The Insured should make no offer or admission of liability to Third Parties. Any communications and/or information that the Insured receives regarding the accident or damage which the subject matter of this claim should be sent to the Company immediately.						
			Email				
			Email				
	icy Details						
	No						
			to				
	ss Details						
Date		Time	am/pm				
Locatio	on/Address of Loss						
City		Pin Code	State	_			
Premis	ses occupied as						
Descri	be fully circumstances o	f Loss, how it happened,	what caused the Loss				





	tent of Loss (Attach					
Item damaged	Amount insured	Market value at		Salvage value	Amount	
		the time of loss	after the loss		claimed*	
*Should constitute	only value of the c	aimed item(s) with	out including profit	of any kind		
	Benefits Rs.			-		
	a tick □in the appro					
	damage been repo ch a legible copy of				Yes 🗆	No 🗆
 Is there any other insurance in force providing cover for this loss or damage? If yes, please provide name of Insurer(s), policy no. and copy of Policy 					Yes 🗆	No 🗆
	suffered a loss or da					No 🗆
If yes, please prov	vide Date, Amount c	of Loss and Name of	of Insurer	· · · · · · · · · · · · · · · · · · ·		
 Did you take any measures to minimize the loss? If yes, please provide details of the same 					Yes 🗆	No 🗆
5. Are there any steps taken to prevent a reoccurrence? If yes, please provide details (please attach separate sheet if required)					Yes 🗆	No 🗆
	her person, in your ⁄ide name, address				Yes 🗆	No 🗆
7. Was there any witness (es) to the incident? If yes, please provide name, address, and phone no. and enclose statement from the witness						No 🗆
8. Is the property subject to a hire purchase or hypothecation agreement? If yes, please provide name & address of relevant parties/financial institution					Yes 🗆	No 🗆
9. Were the premises occupied at the time of the loss or damage? If not, unoccupied since					Yes 🗆	No 🗆
	ble owner of the pre ride details of other					No 🗆

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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 <u>www.universalsompo.com</u> 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