

**STANDARD FIRE AND SPECIAL PERILS POLICY (COMMERCIAL)
CLAIM FORM**

Fire 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.

Do not dispose off or destroy damaged property without consent of surveyor/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 fully circumstances of Loss, how it happened, what caused the Loss

What is Lost & Extent of Loss (Attach separate sheet if more than 1 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/Fire Brigade? Yes No
If yes, please attach a legible copy of FIR/Fire Brigade Report

2. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God?
Yes No
If yes, please attach a copy of report from the meteorological deptt/newspaper clipping

3. 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

4. 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

5. Are the premises protected by a Fire Protection/Detection system?
Hydrant Yes No Sprinkler Yes No Smoke Detector Yes No Extinguisher(s) Yes No
Was the same activated during the incident _____

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

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

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

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

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

11. Has there been any alteration in the occupation or use of the premises since the Policy was taken up?
Yes No
If yes, please provide details of changes/alterations in occupation _____

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

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

14. Are you responsible for repairs? Yes No

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

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 back 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 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

Documents to be attached: