

**SURETY BOND INSURANCE
CLAIM FORM**

CLAIMANT INFORMATION	
Policy No:	
Name	
Correspondence Address	
Contact No.	
Represented by (if applicable)	
Email & Phone no.	

PRINCIPAL INFORMATION	
Name	
Correspondence Address	
Contact No.	
Represented by (if applicable)	
Email & Phone no.	

DESCRIPTION OF LOSS

LIST OF DOCUMENTS SUBMITTED
<ol style="list-style-type: none"> 1. A copy of the surety bond. 2. Any correspondence related to the claim. 3. Copy of contract 4. Invoices, photographs or project documents. 5. Proof of main borrower incapability of paying up the liability. 6. Agreement copy with surety and also with main borrower 7. Proof of payment by surety of the amount to lender 8. Any other documents supporting the claim

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode		
	I/We hereby agree, affirm and declare that:	
a.	The statements/information given/stated by me/us in this claim form are true, correct and complete.	
b.	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 any endorsement in the policy. Furthermore, save	

	and expect as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.	
c.	No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.	
d.	If I/We have given/made any false or fraudulent statement / information or suppressed or concealed or in many manner failed to disclosed material information, the policy shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present, future.	
e.	The receipt of this claim form/other supporting / related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further / additional information in respect of the claim.	
f.	The above statements are in all respects true and complete and are made without any kind of reservation.	

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)

Contact us:

Toll free: 1-800-22-4030 / 1800-200-4030.

Email: contactclaims@universalsompo.com

Address: Universal Sompo General Insurance Co. Ltd, Unit No- 601 & 602 A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane- Belapur Road, Airoli- 400708

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: