

SURETY INSURANCE POLICY- CLAIM FORM

("Issuance of this form is not a proof of admissibility of liability")

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by authorized person of Insured/ Claimant
- All questions must be answered as fully as possible. Please use additional sheets, if necessary, and copies of relevant documentation should be attached.

DETAILS OF INSURED		
1.	Name	
2.	Correspondence Address	
3.	Contact No.	
4.	Policy No.	
5.	Claim No.	
6.	Name and Address of Mortgagee(s) Or other persons having financial interest in the property:	
DETAILS OF CLAIMANT / PRINCIPAL CREDITOR		
1.	Name	
2.	Correspondence Address	
3.	Contact No.	
4.	Represented by (if applicable)	
5.	Details of any other Insurance Policies with Claimant	
CONTRACT DETAILS		
1.	Name	
2.	Contract Details	
3.	Contract Value	INR.
4.	Bond Value	INR.
5.	Contract Period	
	From:	
	To:	
6.	Claim Amount	INR.
DETAILS OF LOSS		
Kindly share complete reasons for Revoking Surety Bond, along with supporting information. If additional space is needed for explanation attach as a separate document.		
BANK DETAILS & DOCUMENTS		
1.	Bank Account details of the Claimant:	
a.	Name of Bank Account Holder	
b.	Bank Account No	
c.	Name of Bank and Branch:	
d.	MCR Code:	
e.	IFSC Code	
f.	Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>
g.	Attachments in support of Bank Details (Please tick the type of proof submitted)	Cancelled Cheque <input type="checkbox"/> Bank Passbook copy <input type="checkbox"/>
Any payment/claims will be directly credited to my aforesaid Bank Account. *		
*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode		
2.	KYC documents have to be submitted for any claims pay out.	

	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.	
g.	I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers and accordingly I/We authorise the Company to do the same for the purpose of underwriting /servicing the policy	
h.	I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time	

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:

Date:

Signature of the Principal Creditor or any person authorized: _____

Contact us at: Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Toll free: 1-800-22-4030/1800-200-4030 Email: contactclaims@universalsompo.com