



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

BAGGAGE LOSS, THEFT OR DAMAGE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. _____

Claim No. _____

A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____
Limits of Indemnity under the Policy	_____		

B. DETAILS OF LOSS

Date of Loss	__/__/____	Time	__:__ AM / PM
LOSS LOCATION			
Address line 1	_____		
Address line 2	_____		
City	_____	State	_____ Pin Code _____
Phone No.	_____	Mobile No.	_____ Email _____
Describe cause of Loss/Damage	_____		
Estimated Loss (Rs.)	_____		

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer	_____
Address line 1	_____
Address line 2	_____
City	_____ State _____ Pin Code _____
Phone No.	_____ Mobile No. _____
Policy No.	_____ Email _____
Period of Insurance From	__/__/____ To __/__/____ Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details Yes No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF BAGGAGE LOST / DAMAGED

Traveling from _____ to _____

Mode of Travel, please specify _____

Date of Departure __/__/____ Date of Arrival __/__/____

Did the loss / damage occur whilst in custody of common carrier? Yes No
 If "Yes", Name of Carrier _____

Baggage Tag no / s. _____

Was the Open Delivery of Baggage (for damages) taken from Carrier? Yes No

Was the Carrier immediately notified on notice of loss / damage? Yes No
 If "Yes", please provide a copy. If not, this must be done immediately.

Has a formal claim been made against the carrier? Yes No
 If "Yes", please provide a copy. If not, please do so without delay.

Details of Compensation received from Carrier, if any _____

State in detail where and how loss / damage occurred or was noticed

Details of Items lost / damaged :

Sr. No.	Description	Date of Purchase	Purchase Value / Repair Cost

(If space provided is not adequate, please attach additional sheet)

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", specify _____		

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: