

Home Appliances, Equipment, Other Contents Claim Form

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS IN FULL MANNER

1.	Details of Insured			
(i)	Name of the Insured			
(ii)	Policy No.			
(iii)	Occupation			
(iv)	Current Insured Address			
(v)	Contact Number	1.	2.	
	Date of Loss / Event	<DD-MMM-YYYY>	Time	<HH-MM-am/pm>
	Detailed Descriptions of Damage (Write complete event of Loss in descriptive manner)			
2.				
	Details of Damaged Item			
	▪ Make and Model of Item			
	▪ Serial Number			
	▪ Date of Purchase			
	▪ Place of Purchase(City/Town)			
	▪ Price of Damaged Item			
	▪ Size/Capacity Of Item	Inch/liter/tonne etc.		
3.				

Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune 411006

Caringly yours



4.	Estimated Amount of Loss	
5.	Place & address where the loss took place.	
6.	Date and time when loss was first discovered.	
7.	State the circumstances of the loss	
8.	Are you the sole owner of the Item/Device?	
9.	Have you ever before sustained loss of the same nature? If so, give particulars.	
10.	Is there any other insurance on the same property? If so, give full particulars	
11.	Any additional information relevant to processing of claim	

DECLARATION FROM INSURED

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 an endorsement in the policy. Furthermore, save and except 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 any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or 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.

Date :.....

Place :.....Signature of the Insured.....