



NEW INDIA BHARAT FLEXI GRIHA RAKSHA BASE POLICY
UIN:IRDAN190RPPR0032V02202223



THE NEW INDIA ASSURANCE CO. LTD.

(Government of India Undertaking)

New India Bharat Flexi Griha Raksha Base Policy

UIN:IRDAN190RPPR0032V02202223

CLAIM FORM

*Please note that, issuance of this form is not to be taken as admission of any liability.

*Please answer all required questions fully.

1. Name of the Insured						
2. Address of insured property						
3. Please give following details pertaining to all the policies involved in loss incident.						
Sl.No	Policy No	Risk Covered	Location	Sum Insured	Estimated amount of loss	
4. Period of Insurance						
5. Date and Time of loss						
6. Nature and Cause of Loss(Please describe the circumstances leading to the loss)						
7. Whether Loss intimated to(Tick against the box)			Police	Fire Brigade	Other	
9. Details of loss to Building						
10. Details of damage of Contents						



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11. Details of damage to valuable content	
12. Details of loss under : · Loss of Rent · Alternate Accommodation	
13. Give details of insurance with any other insurance company on the risk involved in fire/accident.	
14. Was any claim reported in the past on the same property during the policy If yes, give details regarding: (a) Cause (b) Date of incident (c) Claim (d) Policy Issuing Office (e) Amount of claim paid/Outstanding Rs.	

*Please use additional pages, if required.

I, hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Place:

Signature of the Insured

Date: