



# THE NEW INDIA ASSURANCE COMPANY LIMITED

Head Office : New India Assurance Bldg.

87, M.G. Road, Fort, Mumbai – 400 001

CIN No: L66000MH1919GOI000526/ IRDAI Regn. No.190

## New India Bharat Felxi Laghu Udyam Suraksha Policy

### 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<br>(Please describe the circumstances leading to the loss)                            |            |              |                                 |                                       |                                |
| 7. Whether Loss intimated to<br>(tick against the box)  |            |              | Police <input type="checkbox"/> | Fire Brigade <input type="checkbox"/> | Other <input type="checkbox"/> |
| 8. If insured is not sole owner, the nature of his/their interest in the property and details of other interests. |            |              |                                 |                                       |                                |
| 9. Details of loss to Building  |            |              |                                 |                                       |                                |

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: 2 :

|  |   |
|--|---|
| 10. Details of damage of Contents  |   |
| 11. Details of damage of stock   | <ul style="list-style-type: none"><li>• Raw Materials</li><li>• Stock in process</li><li>• Finished stock</li></ul> |
| 12. Details of loss under : <ul style="list-style-type: none"><li>• Optional Cover</li><li>• Add on Covers</li></ul>   |   |
| 13. In case of Declaration Policy -<br>Whether you have submitted all<br>declarations prior to this loss   |   |
| 14. Whether You have insured the same<br>property with any other Insurance Company<br>with the same type of coverage during the<br>Policy Period. ( Give details )   |   |
| 15. Was any claim reported in the past on<br>the same property during the policy<br>period?<br>If yes, give details regarding:<br>(a) Cause<br>(b) Date of incident<br>(c) Claim<br>(d) Policy Issuing Office<br>(e) Amount of claim paid/Outstanding<br>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:**

**Date:**

**Signature of the Insured**