



*Leadership and beyond*

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड  
The New India Assurance Co. Ltd  
India's Premier Multinational General Insurance Company

## NEW INDIA MAHILA UDYAM BIMA CLAIM FORM

(The issue of this claim form is not to be taken as an Admission of Liability)  
UIN NO. IRDAN190RPMS0034V01202425

Office Address	Policy No. Policy Period Date of Loss Claim No.
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1	Report Loss under compulsory section (please tick)	Section 1- Fire and Allied perils Section 2 – Loss of profits Section 3 – Burglary Section 4 – Personal Accident (Owner)
2	Report Loss under optional section (please tick)	Section A – Public Liability Section B – Personal Accident (Employees) Section C – Employee Compensation

### A. INSURED

1	Name	:	
2	Address	:	
	City	:	
3	Telephone Number	:	
4	Period of Insurance	:	From To
5.	Occupation	:	

**B. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED**

1.	Address :	
	City :	Pin Code:
2.	What was the premises used for? :	
3.	How was the entry to/exit from the premises effected? :	
4.	Which portion of the premises was affected by the entry or exit? :	
5.	Whether the premises were occupied at the time of loss. If not, at what date and time was it last occupied? :	
6.	Are you the sole owner of:	
	a. The property lost or damaged? :	
	b. The premises? :	
7.	Are you responsible for repair of the premises? :	
8.	State the total value of property upon the premises at the time of loss. :	

### C. DETAILS OF THE LOSS:

	Date & Time of Loss.	
1.	Place/Location of loss :	
2.	When discovered & by whom?	
3.	Give brief details of how exactly the loss occurred. (Specify overleaf the property damaged/articles stolen ).	
4.	Is anybody suspected in this incident? If Yes, state full details( Attach separate sheet)	Yes      No <input type="checkbox"/> <input type="checkbox"/>
5.	Was information given to the Fire Brigade? If so when and by whom.(Attach Copy of the Fire Brigade Report)	Yes      No <input type="checkbox"/> <input type="checkbox"/>
6.	Has a complaint been lodged with the Police station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, by whom, when & at which Police station? (Attach a copy of the police report/FIR).	
	If not, this may be done immediately.	
7.	Has the police apprehended any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details.	

### D. DETAIL OF OTHER INSURANCES

	Give details of other Insurance's, if any, covering the present loss.	
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### E. DETAILS OF PREVIOUS LOSSES

	Give details of Previous losses, if any, on the affected section of policy	
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### F. APPROXIMATE VALUE OF LOSS :

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles or properties described herein belong to the person/s named, with no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Place:

Date:

Signature of the Insured

