THE NEW INDIA ASSURANCE COMPANY LIMITED

87, M.G. Road, Fort, Mumbai – 400 001

CLAIM FORM

**The Issue of this form is not to be taken as an admission of liability.

1	**Policy No. _____**	**Claim No. _____**
2	Period of Insurance	From_____ To_____
3	Name	
4	Address	
5	Contact Details	
	Mobile No.	
	Email id	
6	Brief Description of Business/Industry/Occupation	
7	When did the loss or damage occur ?	Date
		Time
8	Loss Location Address	
9	Nature and Cause of Loss	
	(Please describe the circumstances	
	leading to the loss)	
10	Give details of insurance with any other insurance company on the risk involved in fire/accident	

Name of Insurer	Address / Contact Details	Policy No.	Period Of Insurance	Sum Insured

11	Was any claim reported in the past on the same property during current policy period?

Cause of loss	Date of incident	Policy Issuing Office	Details of loss	Amount of claim paid / Outstanding

	Details of the witness to the occurrence	Name	Address	Mobile No.	Email Id
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13	If insured is not sole owner	
	the nature of his/their interest in the property	
	Mobile No	
	Email Id	
14	Whether loss intimated to	
	Police / Other appropriate legal Authorities	
	Fire Brigade	

15. Please give following details pertaining to all the policies involved in fire accident:

Policy No	Risk Covered	Location	Sum Insured	Estimated amount of Loss

16. Details of Item affected

Sl. No.	Description of Equipment / Inventory. Brand New or Second Hand	Manufacturer Type of Machine output / capacity	Year of Manu-facturing	Identification Machine / Serial No.	Sum Insured {Rs.}	Date of last mainte-nance	Date of Expiry of AMC/ Warrantee	Cost of repair / Replace-ment

17	What was the last occasion before the damage when the machine was over hauled or attended to for maintenance or damage	
18	What is the estimated amount of loss or Damage?	
19	What was the cause of the damage? How did it occur? (This question must be answered in detail and a sketch given wherever possible)	

20. Has the property undergone any repairs previously ? If " Yes" What was the nature of such repairs ?

Date of Repair	Nature of Repair	Parts affected	Cost of Repair [Rs.]

21	DETAILS OF CONSEQUENTIAL LOSS	
	(i) Whether any alteration has been made in the nature of business/occupation of premises after inception of Policy? If 'Yes', please give details	Yes No
	(ii) Were the premises occupied at the time of loss?	Yes No
	(iii) If 'No', un-occupied since (date) for (specify reason/s) Details of Damage under Material Damage Section under IAR Policy	
22	Estimated Loss Material Damage (Rs.)	
23	Period for which the business was interrupted due to Fire and Special Perils/MBD	
	(i) What was the annual turn-over for the last financial year?	Rs. _____
	(ii) What is the estimated reduction in turn-over due to interruption	Rs. _____
	(iii) What is the estimated loss of Gross Profit due to interruption	Rs. _____
	(iv) Standing Charges/Expenses incurred for Loss Minimization, if any	
	(v) Were there any person/organization, in your opinion, responsible for the loss? please provide details :	

Building	P & M	FFF	Stocks	Other 1	Other 2

	(vi) What steps have been taken to prevent recurrence of similar incidence?	

24. DETAILS OF PREVIOUS LOSSES : Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

25	Do you wish to provide any other information?	

☐ Please use additional pages, if required.

The undersigned policyholder declares to have answered the above questions conscientiously and faithfully and he is liable for the correctness and completeness of his statement.

Place _____

Signature

Date Name of Insured/Claimant Insured/Claimant

ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	