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 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 (Please describe the circumstances leading to the loss)			
7. Whether Loss intimated to (tick against the box)	Police ☐	Fire Brigade ☐	Other ☐
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			

Contd…..2…….

10. Details of damage of Contents	
11. Details of damage of stock	• Raw Materials • Stock in process • Finished stock
12. Details of loss under : • Optional Cover • Add on Covers	
13. In case of Declaration Policy - Whether you have submitted all declarations prior to this loss	
14. Whether You have insured the same property with any other Insurance Company with the same type of coverage during the Policy Period. (Give details)	
15. Was any claim reported in the past on the same property during the policy period? 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:

Date: **Signature of the Insured**