



The New India Assurance Company Ltd
87, Mahatma Gandhi Road ,Fort, Mumbai-400001
UIN:NIA-OT-P15-02-V01-15-16

NEW INDIA GRIHA SUVIDHA CLAIM FORM

Name and Address of Insured : _____

Telephone/ Mobile No _____

1. Period of Insurance _____

2. Date and Time of Loss _____

3. Under which Section has the loss occurred (tick the section)

Section 1 Section 2 Section 3
Section 4 Section 5 Section 6

4. a) Nature and Cause of Loss (Please describe the circumstances leading to the loss)

b) Details of the contents lost &/or damaged

5. Give details of Insurance with any other insurance Company on the risk involved in fire/accident/burglary/theft:

6. If insured is not sole owner, the nature of his/their Interest in the property and details of other interests

7. Whether Loss intimated to (tick against the box) Enclose the copy with the claim form

(i) Police ii) Fire Brigade

8. Was any claim reported in the past on the same property during current policy period If so, give details reg :

- (a) Cause
- (b) Date of incident
- (c) Claim Number
- (d) Policy Issuing Office
- (e) Amount of claim paid / Outstanding Rs.

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

Place & Date: _____

Signature of Insured