



The New India Assurance Company Limited

Regd & Head Office : New India Assurance, 87, M.G. Road, Fort, Mumbai - 400 001.

NEW INDIA HOME SAFETY INSURANCE CLAIM FORM

UIN No. IRDAN190RP0002V01202324

1. Name and Address of Insured : _____

2. Please give following details pertaining to all the Policies involved in fire accident :

3. Policy No. : _____

4. Policy Period : _____

Risk Covered – (Under Section)	Location	Sum Insured	Estimated amount of loss

5. Date and Time of Loss : _____

6. Nature and Cause of Loss (Please describe the _____
circumstances leading to the loss) _____

7. Give details of Insurance with any other insurance Company on the risk involved in fire/accident : _____
8. If insured is not sole owner, the nature of his/their Interest in the property and details of other interests : _____
9. Whether Loss intimated to
- (i) Police _____
- (ii) Fire Brigade _____
9. (i) Was any claim reported in the past on the same property during current policy period : _____
- (ii) 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. _____

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	

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

PLACE-

DATE-

Signature of the Insured

(To be filled in by Dev. Officer / Br. / D. O.)

Fire Claim No. _____

Branch D. O. Code No.	R. O. Code No.	Dev. Office's Code No.	Agency Code No.	Premium Payment Particulars		
				Receipt No. BG / CD No.	Date of Payment	Amount