

Claim Form No: \_\_\_\_\_

**INDUSIND ART INSURANCE POLICY - COMMERCIAL - CLAIM FORM**

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

**DETAILS OF INSURED (To be filled in BLOCK LETTERS)**

|                                                                                            |                                                                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Policy No.                                                                                 | Claim No.                                                                                                                                                                                                           |  |
| Date of Intimation                                                                         | D D / M M / Y Y Y Y                                                                                                                                                                                                 |  |
| Area Office Code/Service Centre Code                                                       |                                                                                                                                                                                                                     |  |
| Broker/Agent Name                                                                          | Code                                                                                                                                                                                                                |  |
| 1. Name of the Insured                                                                     | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. F I R S T M I D D L E L A S T                                                                                               |  |
| 2. Customer ID                                                                             |                                                                                                                                                                                                                     |  |
| 3. Address of the Insured                                                                  |                                                                                                                                                                                                                     |  |
| Plot No./Door No.                                                                          | Building name                                                                                                                                                                                                       |  |
| Road                                                                                       | Area                                                                                                                                                                                                                |  |
| City                                                                                       | Pin Code                                                                                                                                                                                                            |  |
| State                                                                                      | Phone No.                                                                                                                                                                                                           |  |
| E-mail Id                                                                                  |                                                                                                                                                                                                                     |  |
| Profession/Occupation                                                                      | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |  |
| Monthly Income                                                                             | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                  |  |
| PAN No.                                                                                    | UID Aadhar No.                                                                                                                                                                                                      |  |
| Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline) |                                                                                                                                                                                                                     |  |
| CIN (In case of Corporate)                                                                 | DOB/DOI D D / M M / Y Y Y Y                                                                                                                                                                                         |  |
| 4. Do you have a GST Registration Number                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |  |
| If Yes, please specify                                                                     |                                                                                                                                                                                                                     |  |
| 5. Period of insurance:                                                                    | From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y                                                                                                                                                                     |  |
| 6. Date & time of loss:                                                                    | From D D / M M / Y Y Y Y Time: H H / M M AM / PM                                                                                                                                                                    |  |
| 7. Nature & cause of loss with detailed description:                                       |                                                                                                                                                                                                                     |  |
|                                                                                            |                                                                                                                                                                                                                     |  |
|                                                                                            |                                                                                                                                                                                                                     |  |
|                                                                                            |                                                                                                                                                                                                                     |  |
|                                                                                            |                                                                                                                                                                                                                     |  |

[indusindinsurance.com](https://indusindinsurance.com) 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms &amp; conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered &amp; Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Art Insurance Policy - Commercial. UIN: IRDAN103RP0030V01201920. IGI/MCOM/CO/MI-10/CF/Ver. 1.0/180226.


**IndusInd**  
 Insurance App


Download Now



8. Details of property in which loss is reported:

| Sr. No. | Details Item/property/Article affected | Sum insured as per policy in INR | Amount Claimed in INR |
|---------|----------------------------------------|----------------------------------|-----------------------|
|         |                                        |                                  |                       |
|         |                                        |                                  |                       |

9. Give details of insurance with any other insurance company on the risk involved in fire/accident:

---



---

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

---



---

11. Whether the loss is intimated to

|                 |                                                          |
|-----------------|----------------------------------------------------------|
| a. Police       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Fire Brigade | <input type="checkbox"/> Yes <input type="checkbox"/> No |

---



---



---

(Please attached separate sheet if space is insufficient)

**BANK DETAILS**

Would you like to opt for NEFT payment? ☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

|                                   |             |
|-----------------------------------|-------------|
| Bank Name                         | Branch Name |
| A/C Holder Name as in Bank Record |             |
| City                              | State       |
| Account No                        | IFSC Code   |

(this is a 11 digit code printed on your cheque leaf)

**DECLARATION BY INSURED**

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.  
I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Insured

**REGISTERED & CORPORATE OFFICE ADDRESS**

**IRDAI Registration No. 103, IndusInd General Insurance Company Limited. Registered & Corporate Office:** 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063. For assistance call **(022) 4890 3009 (Paid)**

