

Claim Form No: _____

BURGLARY INSURANCE - 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.

Policy No.		Claim No.	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ 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			
UID Aadhar No.		PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)			
CIN (In case of Corporate)		DOB/DOI	DD / MM / YYYY
4. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		

SECTION 2 - DETAILS OF THE LOSS OCCURED

5. a) State address of the premises at which the loss occurred.	
5. b) How was the said premises occupied?	

6. a) Date & time of loss:	Date: DD / MM / YYYY Time: HH / MM AM / PM
6. b) When was the loss discovered and by whom?	
7. a) How was entry to/ exit from the premises effected?	
b) Which portion of the premises was affected by the entry or exit?	
c) Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged).	
8. Has a complaint been lodged with the police?	☐ Yes ☐ No
If so, by whom and when and at which Police Station?	
Attach a copy of the Police Complaint. Note: If this is not done, this may be done immediately and a copy thereof be furnished to the Company.	
9. a) Were the premises occupied at the time of loss?	☐ Yes ☐ No
b) If not, on what date and at what hour were they last occupied?	DD / MM / YYYY HH / MM AM / PM
c) For how long have the premises been unoccupied since the policy was effected or last renewed?	
10. Is anybody suspected of theft?	☐ Yes ☐ No
If so, state full details.	
11. a) Is the insured the sole owner of the property which was lost or damaged?	☐ Yes ☐ No
If so, state full details.	



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



b) Is the insured responsible for repairs of the premises?

☐ Yes ☐ No

If so, state full details.

12. a) State the total value of property inside the premises at the time of loss.

b) State the amount of fire insurance cover of the property and name(s) of the Insurer(s).

13. Is there any other insurance against the present loss under any other policy?

☐ Yes ☐ No

If so, give full particulars.

DECLARATION BY INSURED

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

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)



[indusindinsurance.com](https://www.indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



DETAILS OF ARTICLES STOLEN, PROPERTY DAMAGED

Date: _____

Place: _____

Signature of Insured _____

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 Coty, Off. Western Express Highway, Goregaon (E),
Mumbai - 400063. For assistance call **(022) 4890 3009 (Paid)**

