

INDUSIND ALL RISK INSURANCE POLICY - CLAIM FORM

Issuance of this form does not constitute admission of Liability

This form should be completed and returned to the company immediately

Policy Number		Claim Number	
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. Address of the Insured			
Plot No./Flat No.		Building Name	
Road		Area	
City		State	
Pin Code		Phone Number	
Mobile Number			
Email 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
3. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
4. Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
5. 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/ACCIDENT OCCURRED

6. Date of Loss/Accident/ Time	Date DD / MM / YYYY Time HH / MM AM / PM
Place	
7. Description of Loss or Damages:	
8. Cause of Loss or Damage:	

9. If by Theft

 a) Date & Time: Date **DD / MM / YYYY** Time **HH / MM** AM / PM

b) How was the theft committed?

c) Discovered by & when?

d) Has Police been notified, if so, when & results of Police Investigations, if any

10. Are you insured against the present loss under any other Policy?
11.

Item Loss (Year/Make/Model)	Original Purchase Value	Amount Claimed
i)		
ii)		

SECTION 3 - BANK DETAILS

Name of the Bank Account Holder M/s	☐ Mr. ☐ Mrs. ☐ Ms. FIRST MIDDLE LAST		
Bank Account No.:	Account:	☐ Saving ☐ Current	
Name of the Bank:			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
IFSC Code (11 character code appearing on your cheque leaf)			
☐ I understand that any refund due on the premium payment I any payment I claims to be directly credited to my aforesaid Bank Account.* "As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.			
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided In this regard.			

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