

Claim No.: _____

INDUSIND HOMEOWNERS PACKAGE INSURANCE POLICY - 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 Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

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./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)				
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			
Please give following details pertaining to all the policies involved in accident:				
Policy No.	Risk Covered	Location	Sum Insured (₹)	Estimated amount of loss (₹) (Including Add-Ons, if any)
Period of insurance:	From: DD / MM / YYYY To: DD / MM / YYYY			
Date & time of loss:	Date: DD / MM / YYYY Time: HH / MM AM / PM			

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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 & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & 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 Homeowners Package Insurance Policy. UIN No.: XXXXXXXXXXXXXXXXXXXX. IGI/MCOM/CO/IHPIP/CF/Ver.1.0/030726.


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 Insurance App


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PLEASE SELECT THE RELEVANT SECTION UNDER WHICH THE LOSS HAS OCCURRED

☐ **SECTION I - (A&B) FIRE AND ALLIED PERILS**

5. Nature & cause of loss (please describe the circumstances leading to the loss)

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

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

8. Whether the loss is intimated to:

a) Police

b) Fire Brigade

9. Was any claim reported in the past on the same property during current policy period?

☐ Yes ☐ No

If so, give details regarding

a) Cause

b) Date of accident

c) Claim number

d) Policy issuing office

e) Amount of claim paid/
outstanding

☐ **SECTION II - BURGLARY AND HOUSE BREAKING INCLUDING LARCENY OR THEFT**

10. a) State address of the premises at which the loss occurred.

b) How was the said premises occupied?

11. Date & time of loss:

Date: / / Time: / AM / PM

12. When was the loss discovered and by whom?



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13. 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).

14. 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.

15. 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?

16. Is anybody suspected of theft?

☐ Yes ☐ No

If so, state full details.

17. a) Is the insured the sole owner of the property which was lost or damaged?

☐ Yes ☐ No

If so, state full details.

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

☐ Yes ☐ No

If so, state full details.



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18. 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).

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

☐ Yes ☐ No

If so, give full particulars.

SECTION III - ALL RISKS (JEWELLERY AND VALUABLES)

20. Describe the Incident/ circumstances leading to the loss/ Cause of Loss

21. Please confirm whether damage caused to jewellery due to fire

22. Please confirm whether damage caused to jewellery due to natural calamities.

23. Please confirm whether there has been theft of jewellery from home

24. Has the loss been reported to an Authority

☐ Yes ☐ No

If 'No' reason for not reporting

If 'Yes', provide details

☐ Fire ☐ Police ☐ Municipality ☐ Other

Name of Authority

Information Report No.

Date:

D D / M M / Y Y Y Y

25. Was any claim reported in the past on the same property during current policy

☐ Yes ☐ No

If so, give details regarding

a) Cause

b) Date of accident

c) Claim number

d) Policy issuing office

e) Amount of claim paid/ outstanding

26. Please confirm the details mentioned on Valuation Certificate

☐ **SECTION IV - DOMESTIC MECHANICAL & ELECTRICAL APPLIANCES**

27. Date & time of loss: Date: / / Time: : AM / PM

28. a) Full description of the damaged equipment

b) Item Number in the policy schedule

c) Value of the damaged equipment (attach separate sheet if required)

29. Name of the person(s) if any who witnessed the occurrence

30. Details of damage/loss sustained

31. Cause of Breakdown/loss

32. State whether item damaged was under any guarantee from supplier/manufacture/repairer

☐ Yes ☐ No

If so, state the nature of guarantee and guarantee period

33. State whether item damaged was under any guarantee from supplier/manufacture/repairer

☐ Yes ☐ No

If so, give particulars with details of repairs executed?

34. For what purpose was the equipment being used at the time of breakdown /loss

35. Have the repairers/engineers commenced repairs?

☐ Yes ☐ No

If so, Give the name and address of the repairers/engineers

36. a) State nature of repairs and particulars of replacement of parts required

b) Estimate of the cost of repairs / replacement

(Any major repairs are to be executed only with prior consent and approval of the company)

37. State salvage value on the damaged items

38. Where can the damaged items be inspected?

39. Is there any other insurance effected by you or any other person covering the loss sustained or any part thereof?

☐ Yes ☐ No

40. Please give any other particulars relevant to the damage

☐ **SECTION V - DOMESTIC ELECTRONIC APPLIANCES**

41. Date & time of loss: Date: / / Time: : AM / PM

42. a) Full description of the damaged equipment

b) Item Number in the policy schedule

c) Value of the damaged equipment (attach separate sheet if required)

43. Name of the person(s) if any who witnessed the occurrence



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44. Details of damage/loss sustained

45. Cause of Breakdown/loss

46. State whether item damaged was under any guarantee from supplier/manufacture/repairer

☐ Yes ☐ No

If so, state the nature of guarantee and guarantee period

47. State whether item damaged was under any guarantee from supplier/manufacture/repairer

☐ Yes ☐ No

If so, give particulars with details of repairs executed?

48. For what purpose was the equipment being used at the time of breakdown /loss

49. Have the repairers/engineers commenced repairs?

☐ Yes ☐ No

If so, Give the name and address of the repairers/engineers

50. a) State nature of repairs and particulars of replacement of parts required

b) Estimate of the cost of repairs / replacement

(Any major repairs are to be executed only with prior consent and approval of the company)

51. State salvage value on the damaged items

52. Where can the damaged items be inspected?

53. Is there any other insurance effected by you or any other person covering the loss sustained or any part thereof?

☐ Yes ☐ No

54. Please give any other particulars relevant to the damage

SECTION VI - TELEVISION SET

55. Nature & cause of loss (please describe the circumstances leading to the loss)

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

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

58. Whether the loss is intimated to:

a) Police

b) Fire Brigade

59. Was any claim reported in the past on the same property during current policy period? ☐ Yes ☐ No

If so, give details regarding

a) Cause

b) Date of accident

c) Claim number

d) Policy issuing office

e) Amount of claim paid/
outstanding

SECTION VII - FIXED PLATE GLASS

60. Address where glass was situated (Please state the precise position of the glass)

61. Size of the plate broken

62. Cause of breakage

63. Date of breakage

DD / MM / YYYY

Time of breakage

HH / MM AM / PM



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64. Name and address of the person responsible for breakage, if any

65. Was he in any way employed by the insured?

☐ Yes ☐ No

SECTION VIII - BAGGAGE

66.a) Date of occurrence of loss

Date: DD / MM / YYYY Time: HH / MM AM / PM

b) Date of discovery of loss

DD / MM / YYYY

c) Where did the loss occur?

d) By whom was the loss reported?
(A copy of written statement to be attached)

67. Brief details as to the exact circumstances under which the loss occurred

68. 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.

69. Has a complaint been lodged with Railways, shipping company, Airline, Roadways, hotel proprietors or the authority in whose care the baggage was at the time of loss or damage?

☐ Yes ☐ No

Attach a copy of the complaint lodged.

70. What steps have been taken to recover lost money?

71. In case of organisations covering their employees:-

a) When did the employee concerned enter your service?

DD / MM / YYYY

b) Was he involved in a similar loss before?

☐ Yes ☐ No

72. Have you ever before sustained a loss of this nature?

☐ Yes ☐ No

If so, give particulars.

73. Are there any other insurance upon the same articles?

☐ Yes ☐ No

If so, give details.



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DETAILS OF ARTICLES LOST/DAMAGED

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Description	Value (₹)
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____

SECTION IX - PEDAL CYCLE

74. Describe the Incident/ circumstances leading to the loss/ Cause of Loss

75. Please confirm description of Bicycle

76. Please confirm if loss occurred due to theft of Bicycle

77. Has the loss been reported to an Authority

☐ Yes ☐ No

If 'No' reason for not reporting

If 'Yes', provide details

☐ Fire ☐ Police ☐ Municipality ☐ Other

Name of Authority

Information Report No.

Date:

DD / MM / YYYY

78. Was any claim reported in the past on the same property during current policy period?

☐ Yes ☐ No

If so, give details regarding

a) Cause



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- b) Date of accident
- c) Claim number
- d) Policy issuing office
- e) Amount of claim paid/ outstanding

79. If caused by negligence of another party, give name and address:

80. Nature of damage done to cycle

81. Name and address of cycle repairers who has cycle in hand to repair:

☐ **SECTION X - PERSONAL ACCIDENT**

82. a) Name of the Insured Person dead/injured in the accident

b) Relationship with the employee/member

c) *Employee/member
identification no.

Self/Spouse/Children

83. a) Date of accident:

DD / MM / YYYY

b) Time of accident:

HH / MM AM/PM

c) Place of accident:

d) Name & address of the witness:



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84. Particulars of the accident:

85. Nature of injury received (if to limb or eye state whether right or left)

86. a) Nature of disablement

b) Extent of disablement

c) Period of temporary total disablement

From DD/MM/YYYY To DD/MM/YYYY

d) Present state of incapacity

87. Name and address of surgeon in attendance

88. Where and when can a Medical Officer of this Company visit you, if necessary?

89.a) Are you insured in any other office or offices of the Company or any other company, granting compensation for accident?

☐ Yes ☐ No

b) Present state of incapacity

SECTION XI - (A & B) - LEGAL LIABILITY

PARTICULARS OF ACCIDENT:

90) Date & Time of Occurrence

91) Place of accident

92) Brief description of the kind and history of the Occurrence

93) When did you first come to know of the accident?

94) When was the accident reported to you?

95) When was the claim first notified to the Insurer?

PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:

96) Has any person sustained any injuries in the accident?
If so,

☐ Yes ☐ No

Give name(s) of such Person(s)

Address(es)

City

Pin Code:

Occupation

State where such person(s) was/ were at the time of accident

Has/Have the injured person(s) been removed to hospital or medically attended?

☐ Yes ☐ No

If so, give particulars

97) Has the accident caused damage to property or livestock?

☐ Yes ☐ No

If so, give name(s) and address(es) of the owner(s) of the property and / or livestock, and full description of the property, and state the nature and extent of damage

98) Has any claim been made upon you by any person?

☐ Yes ☐ No

If so, state by whom and give full particulars (attach a copy of the notification received and of the bill, if submitted)

99) Estimated amount of Claim separately under C 1, C 2 and C3

100) Give, if possible, the names of all witnesses to the accident

Name

Addresses

City

Pin Code

101) Has the accident been reported to any authority?

☐ Yes ☐ No

If so, state to whom and attach a copy of the report submitted

102) What action, if any, has been taken by the authority?

103) Give details of Statute/Law under which in your opinion, liability may arise

DETAILS OF OTHER INSURANCES

104) Give details of other Insurances, if any, covering the present loss

DETAILS OF PREVIOUS LOSSES

105) Give details of Previous Claims, if any, on the same item

SECTION 2 - BANK DETAILS

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

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

107) Bank Name

108) Branch Name

109) A/C Holder Name as in Bank Record

110) City

111) State

112) Account No

113) 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 hereby state that the above mentioned address shall be taken as address on record for the purpose of GST

Place: _____

Date: _____

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 any assistance call **(022) 4890 3009 (Paid)**