

**SIGNAGE 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 Number        |                | Claim Number                             |  |
| Date of Registration | DD / MM / YYYY | Area Office Code/<br>Service Centre Code |  |
| Broker/Agent Name    |                | Code                                     |  |

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

| 1. Name of the Insured                                                                     | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.                                                                                                                             | FIRST MIDDLE LAST                |                       |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| 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                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |                                  |                       |
| If Yes, please specify                                                                     |                                                                                                                                                                                                                     |                                  |                       |
| 5. Source of Funds                                                                         | <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 |                                  |                       |
| 6. 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                                  |                                  |                       |
| 7. Period of insurance                                                                     | From DD / MM / YYYY To DD / MM / YYYY                                                                                                                                                                               |                                  |                       |
| 8. Date & time of loss                                                                     | Date DD / MM / YYYY Time HH / MM AM / PM                                                                                                                                                                            |                                  |                       |
| 9. Nature & cause of loss with detailed description:                                       |                                                                                                                                                                                                                     |                                  |                       |
|                                                                                            |                                                                                                                                                                                                                     |                                  |                       |
| 10. Nature & cause of loss with detailed description:                                      |                                                                                                                                                                                                                     |                                  |                       |
|                                                                                            |                                                                                                                                                                                                                     |                                  |                       |
| 11. Details of property in which loss is reported :                                        |                                                                                                                                                                                                                     |                                  |                       |
| Sr. No.                                                                                    | Details Item/property affected                                                                                                                                                                                      | Sum Insured as per Policy in INR | Amount claimed in INR |
| I)                                                                                         |                                                                                                                                                                                                                     |                                  |                       |
| II)                                                                                        |                                                                                                                                                                                                                     |                                  |                       |


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**SECTION 2 - DETAILS OF THIRD PARTY LOSS REPORTED**

1. Death of / bodily injury to third party

2. Third party property damage

3. Give details of insurance with any other insurance company on the risk involved.

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

Whether the loss is intimated to

☐ Police ☐ Fire Brigade

(Please attached separate sheet if space is insufficient)

**SECTION 3 - 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 (Formerly known as Reliance General Insurance), Registered &amp; Corporate Office: 6th Flr., Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

For assistance call (022) 4890 3009 (Paid)


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