

Claim Form No: _____

STANDARD FIRE & SPECIAL PERILS 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	

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

1. Name of the Insured	☐ Mr. ☐ Ms. ☐ Mrs. 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	☐ 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 fire 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

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 2 - 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



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Registered & Corporate Office Address

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance), Registered & 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)



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 & 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. Standard Fire & Special Perils Policy. UIN: IRDAN103CP0056V01201920. IGI/MCOM/CO/FI-01/CF/VER.1.0/270426.

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