



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017  
**CLAIM FORM FOR IFFCO-TOKIO BHARAT GRIHA RAKSHA POLICY**  
 UIN : IRDAN106RP0001V02202021

Claim No:

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 30 days, from the date of occurrence.

**INSURED'S DETAILS****(Please fill all the details in CAPITAL Letters)**

Policy No.					
Insured Name					
Date and time of loss					
Complete address of loss location					
City		State		Pin Code	
Contact Person's Name			Email Address		
Mobile No.			Telephone no		

**Details of Incident – Material Damage Claim**

Circumstances of loss (Brief details as to how loss took place and how it spread, how loss minimization efforts made & how finally if could be controlled)	
Was the premises occupied at the time of loss?	
Your Opinion about the cause of loss	

**Estimate of Loss (Please give details as per schedule)**

S No.	Description	Estimated Loss (in Rs)

**Kindly mention if there is any claim in below Inbuilt covers**

S. No.	Extension	Description	Estimated Amount (in Rs)
1	Professional Fees (Payment of Architect's, Surveyor's and Consulting Engineer's fees)		
2	Debris Removal		
3	Theft within 7 days from the occurrence of any of the above events		
4	Additional Rent/ Loss of Rent	New address where house on Rent is taken	
		Amount of rent per month of new address	
		No. of months for which additional rent is paid	
		Rent per month of damaged house (in Rs.)	
<b>Kindly mention if there is any claim in below Optional covers</b>			
1	Valuable Contents like jewellery and Art		
2	Personal Accident ( <b>Death Only</b> )		
Nominee Name			
Relationship with the Insured			
<b>Kindly mention if there is any claim in any of the Add-on cover opted</b>			
<b>Details of other Existing Insurances</b>			
Name & Address of Insurance Company		Policy No	Policy Expiry date

**DECLARATION**

I/We, declare that all statements made on this form are true to the best of my/our knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.

I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Date

Signature of the claimant

Place:

Name of the claimant