



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Claim No:

IFFCO-Tokio Drone Rakshak Insurance Policy -Claim Form
UIN: IRDAN106RP0029V01202223

- 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 15 days from the date of occurrence

INSURED DETAILS

(Please fill all the details in CAPITAL Letters)

Policy No.				
Insured Name				
Address				
City	State		Pin Code	
Email Address		Mobile No.		

Details of Accident / Incident

Date of Accident / Incident	DD/MM/YYYY	Time	AM/PM
Details of Accident / Incident			
Accident/Incident Address			
City	State	Pin Code	
OAN No.	DAN No.	UIN No.	
Details of the damaged property			
Place & Address where the loss took place			
State the circumstances of the loss first discovered			
Estimated value of items lost or damaged			
Date & Time of reporting the loss to the police station (Please furnish copy of F.I.R.)			
Have you ever before sustained loss of the same nature? If so ,give particulars.			
Is there any other Insurance on the same RPA? If so ,give full particulars.			
Compromise Details			
Do you agree that you are liable for the accident and the consequential loss / damage either to person /property or livestock?			

Reasons for compromise / settlement please provide comprehensive detail of all the reasons , agame-plans / strategy for the same	
What is the present status of compromise / settlement negotiations?	
What is the quantum of liability , you are proposing to agree to?	
What are the circumstances / Evidence that favor a Compromise ?	
Any other circumstance / evidence	
Court Procedure	
Has any case been filed in any court of law/ tribunal against you , in relation to the accident?	
If yes , what is the present status of the proceedings? Also give the next date of hearing	
Have any notices/ summons of the court been received by you ? If yes , please provide copies of the same	
Has the court passed any interim or final order? If yes , please provide copies of the same	
Also provide copies of all the documents that have been submitted to the Court either by you or the claimants , and copies of all the documents.	

Payee Details

Bank Name		Branch Nam	
Bank Account No		IFSC Code	
In Support of Bank Details (Please tick the proof submitted)			
Cancelled Cheque	<input type="checkbox"/>	Bank Passbook Copy	<input type="checkbox"/>

DECLARATION

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize the You to seek necessary information/ documents (including medical) from any hospital / Medical Practitioner / Police / Bank/ Network provider. I hereby declare that I have included all the documents for the purpose of this claim.

Date

Signature of the account holder

Place:

Name of Account holder