

ADDRESS OF ISSUING
OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

ALL RISK INSURANCE CLAIM FORM

Claim No.
Policy No.
Period of Insurance From To

**The issuance of this form is not to be taken as an admission of liability
Please answer all questions fully.**

Insured Name
Address for correspondence

Telephone No.

Date of loss

Item/s affected by loss:

Brief Description of loss:

Cause of loss:

Has the matter been reported to the Police

Name of the Police Station

FIR No. and date (Please enclose original or certified copy of FIR)

Name of the Carrier/Authority in whose custody the loss has taken place
(if applicable)

Has the claim been lodged on the Carrier/Authority

Date when the claim has been lodged on the Carrier/Authority
(Please enclose copies of the correspondence exchanged with them)

Estimate of loss (with complete breakup)

Any other information which you would like to provide

Date

Signature of the Insured