

Insured's Claim Ref No:

Claim Form: Kidnap And Ransom Protection Policy

(Notification of claim or circumstance out of which a claim may arise)

The issuance of this form is not to be taken as an admission of liability. As soon as any incident is known, the incident must be notified to the Insurance Company immediately. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, they may be forwarded to the Company afterwards as soon as possible.

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.

SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured :
Address of the Insured: Postcode :
Contact person :
Telephone No :
Fax No :
Email :

SECTION 2: POLICY DETAILS

1. Policy Number :
Policy Period :
2. Is there any other insurance that may be applicable to this notification? Yes [___] No [____]
If YES, please provide the following details :
Policy Holder :
Insurer :
Type of Insurance :
Period of Insurance :
3. Has the matter been notified to that insurer? Yes [____] No [____]

SECTION 3: DETAILS OF THE CLAIM OR CIRCUMSTANCE

1. When and how did you first come to know the event/circumstances which has given rise to the claims

2. Identity of Hostage

3. Date and time of Kidnap/Extortion

4. Details of all the communications made with the kidnapper

5. Demands made if any

6. Method used by kidnappers to transmit their demands

7. Casualties if any

8. Company action to date

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

9. Press involvement, if any

10. Identity of the kidnappers if known

11. Contact Details of the company representative

12. Details of all significant events

SECTION 6: LIST OF DOCUMENTS ATTACHED

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

- All enquiries by the press must be handled by one representative

- Copies must be maintained of all documents being handed over to the agencies



SECTION 7: DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and 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.

Authorized Signatory (Name) _____

Signature & Stamp _____

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