

ADDRESS OF POLICY ISSUING OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

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

Claim No.: _____

Date of Issue: _____

CONSEQUENTIAL LOSS (FIRE) INSURANCE CLAIM FORMS

- Please note that this Claim Form is issued with out 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, with in 15 days, from the date of occurrence.

| | | |
|--|------------|-------------|
| Policy No. | | |
| Date & Time of loss | | |
| Location of Loss (Complete Address of Location) | | |
| Number of days for which your Business remained Interrupted | | |
| Standard Turnover | | |
| Reduction in Turnover (estimated) | | |
| Estimate of Loss (should contain monetary value of loss): | | |
| Steps taken by you to reduce the impact of Business Interruption: | | |
| Did the loss occur because of failure of electricity supply/public utility (please give details) | | |
| Did the loss arise out of a fire and/or allied perils (please give details) | | |
| Did the loss arise out of a fire and/or allied perils at customers'/suppliers premises (please give details) | | |
| Details of Other Existing Insurances | | |
| Name & Address of Company | Policy No. | Sum Insured |
| | | |
| | | |
| Any other information which you may like to give: | | |

Name:

Signature:

Date: