



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ADDRESS OF POLICY
ISSUING OFFICE

Claim No.: _____

Date of Issue: _____

ALL IN ONE HOME PROTECTOR POLICY

UIN: IRDAN106RP0064V01201819

SECTION 1 - FIRE AND ALLIED PERILS CLAIM FORM

- 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.

Policy Number			
Insured Name			
Sum Insured under Section 1 (Fire and Allied Perils)		Part A – Contents : Part B – Building :	
Date & Time of loss			
Location of Loss (Complete Address of Location)			
Circumstances of loss (Brief write up as to how the fire took place and how it spread, fire fighting efforts made and how finally it could be controlled)			
Your opinion about the Cause of Loss			
Estimate of Loss (Pls give details as per schedule)			
S. No.	Description	Estimated Loss (in Rs)	
Details of Other Existing Insurances			
Name & Address of Company		Policy No.	Sum Insured



Kindly mention if there is any claim in below extensions –

1. Escalation Clause
2. Debris Removal
3. Professional Fees
4. Additional Rent/ Loss of Rent

S. No.	Extension	Description	Estimated Amount (in Rs)
1.	Escalation Clause		
2.	Debris Removal		
3.	Professional Fees		
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.)	

DETAILS OF INSURED'S BANK ACCOUNT:

a) PAN b) Account Number

c) Bank Name and Branch:

d) Cheque/ DD Payable details: e) IFSC Code:

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.

Name:

Signature:

Date: