



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Energy Exploration & Construction Policy (Claim Form)

Claim No.

Policy No.

Period of Insurance From To

Insured Name

Correspondence Address

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Contact No.

Date of loss

Brief Description of loss:

Cause of loss: Under Which Section of the Policy

Date/Time of Loss

Place of incident

Estimate of loss (with complete breakup)

Any other information which you would like to provide

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the forgoing statement 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 the Policy shall be void and all rights to recover there under shall be forfeited.

Date

Signature of the Insured