



MISCELLANEOUS CLAIM FORM

Policy No. _____ Claim No. _____

1. Insured's Name and Address	
2. Date, time and address of premises or place where loss occurred. (If article lost from premises state whether private house, flat, hotel, sale-shop etc.)	
3. Full particulars of circumstances surrounding the loss (give details of articles on the other side hereof).	
4. (a) Date and time when loss was discovered. (b) By whom was loss discovered? (c) Date and time when article(s) last seen. (d) By whom last seen, and where?	
5. When were the Police notified, and at which station?	
6. Has a thorough search been made, for the article(s)?	
7. Have you ever before sustained (a) Loss by theft? (b) Loss of or damage to any article of value from any other cause, (if so, please state particulars).	
8. (a) Have you insured against Burglary, Theft, Loss of Damage, with any other company or underwriter? (b) If so, state particulars	

I declare that all statements made on this form are true to the best of my knowledge and belief and that the article(s) and property described belong to the person(s) named, no other person having any interest therein, whether as owner, Mortgagee, Trustee or otherwise.

Insured's Signature _____

Date _____

Full description of article(s)	To whom the article(s) belonged	From whom purchased or received (Name and Address)	Date of purchase or received	Cost (Rs.)
		TOTAL AMOUNT CLAIMED		