



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 11C - TENANTS LIABILITY 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 the Section		
Date & Time of Loss		
Complete Address of Location		
Circumstances of loss (Brief write up as to how the incident took)		
Your opinion about the Cause of Loss		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

Estimate of Loss (Give details as per schedule)		
S. No.	Description	Estimated Loss (in Rs)



DETAILS OF OWNER/LANDLORD'S BANK ACCOUNT:

a) Name of the landlord:

b) PAN c) Account Number:

d) Bank Name and Branch:

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

I/We, declare that all statements made on this form are true to the best of my/our knowledge.

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: