



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**IFFCO TOKIO BHARAT SOOKSHMA UDYAM SURAKSHA**  
 UIN: IRDAN106RP0002V03202021  
**CLAIM FORM**

Claim No:

- 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 30 days, from the date of it's issuance.

**INSURED'S DETAILS**

(Please fill all the details in CAPITAL Letters)

Policy No.					
Date and time of loss					
Complete risk location address.					
City		State		Pin Code	
Contact Person's name			Mobile No.		
Designation			Email Address		
Telephone no. (O) (Landline)	Availability between - ___ hrs to ___ hrs		Telephone no. (R) (Landline)	Availability between - ___ hrs to ___ hrs	

**Nature of Insured Event and Claim Amount**

**Details of Incident – Material Damage Claim**

Circumstances of loss  (Brief details as to how loss look place and how it spread, how loss minimization efforts made & how finally if could be controlled)	
Was the premises occupied at the time of loss?	
Your Opinion about the cause of loss	

**Fire Insurance Claim - Estimate of Loss (Please provide details as per schedule)**

S No.	Block Name	Building	Plant & Machinery	Stocks	Packing Material

Circumstances of loss  (Brief details as to how loss took place and how it spread, how loss minimization efforts made & how finally it could be controlled)	
Was the premises occupied at the time of loss?	
Your Opinion about the cause of loss	

Description of Item affected (Plant & Machinery)	
Make / Model/ Year of Mfg.	
Serial No of item if any	
Identification No of Item	
Was the Item used as prescribed by the Manufacture?	
Where can it be examined now?	
Has item been dismantled?	
Is Item covered under any A.M.C	
Is Item under warranty?	
Extent of damage / Loss	
Estimated amount for repair / Quote if any	
Kindly mention if there is any claim in any of the Add-on cover opted	
Accidental Damage (UIN: IRDAN106RP0002V03202021/A0006V02202122)	₹
Snowfall Damage (UIN: IRDAN106RP0002V03202021/A0004V02202122)	₹
Additional Removal of Debris (UIN: IRDAN106RP0002V03202021/A0005V02202122)	₹

Details of other Existing Insurances			
Name & Address of Insurance Company	Policy No	Sum Insured	Policy Expiry date
		₹	
		₹	
		₹	

**DECLARATION**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I hereby declare that I have included all the documents for the purpose of this claim.

Date

Signature of the claimant

Place:

Name of the claimant