



**Shri Bharat Sookshma Udyam Suraksha Policy – UIN: IRDAN137RP0029V01202021**  
**Claim Form**

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

|          |                                                           |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
|----------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|----------|----------|-------|--|--|--|
| 1        | Policy Number / Cover Note Number :                       | Claim No:                                                                                                                                                       |            |             |          |          |       |  |  |  |
| 2        | Period of Insurance:                                      | From:                                                                                                                                                           | To :       |             |          |          |       |  |  |  |
| 3        | Name of the Insured                                       |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 4        | Insured Address                                           | <div>.....</div> <div>.....</div> <div>Mobile No: Landline No:</div> <div>Email:</div>                                                                          |            |             |          |          |       |  |  |  |
| 5        | Date and Time of Loss                                     |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 6        | Loss Location (complete address)                          | <div>.....</div> <div>.....</div>                                                                                                                               |            |             |          |          |       |  |  |  |
| 7        | Nature of Loss/ Cause of Loss                             |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 8        | Loss Description (details of accident)                    | <div>Estimate Loss for</div> <table border="1"> <tr> <td>Building</td> <td>Contents</td> <td>Stock</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> |            |             | Building | Contents | Stock |  |  |  |
| Building | Contents                                                  | Stock                                                                                                                                                           |            |             |          |          |       |  |  |  |
|          |                                                           |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 9        | Total Loss in aggregate (₹)                               |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 10       | Co Insurance Details                                      | Name of Insurer                                                                                                                                                 | Policy No. | Sum Insured |          |          |       |  |  |  |
|          |                                                           |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 11       | FIR No. if intimated to Policy                            |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 12       | If intimated to Fire Brigade, Report No. (If Applicable): |                                                                                                                                                                 |            |             |          |          |       |  |  |  |
| 13       | If claim is under Personal                                |                                                                                                                                                                 |            |             |          |          |       |  |  |  |



|    |                                                          |  |
|----|----------------------------------------------------------|--|
|    | Accident, please confirm nominee name and contact number |  |
| 14 | Contact person Name & No.                                |  |
| 15 | Reason for delay in notification of claim                |  |

I/ We, undersigned confirmed that the above given details are true & correct to the best of my knowledge.

Date:

Place:

Signature of the Insured