CIN No. U66010RJ2006PLC029979
IRDA Registration Number: 137

Shriram General Insurance Co. Ltd.
IN PARTNERSHIP WITH THE **Sanlam** GROUP
Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022
Phone: +91-141-3928400, 3951111 Fax: +91-141-2770692, 2770693
Website: www.shriramgi.com E-mail: customer.feedback@shriramgi.in
Toll Free: 1800-103-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

Shri Home Care Insurance Policy: 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. INSURED DETAILS

1.	Policy Number:		Claim Number:
2.	Period of Insurance:		
3.	Name:		
4.	Address:		
5.	Contact Number:	Landline:-	Mobile:-
6.	E-mail:		

2. CLAIM LODGED UNDER WHICH SECTION OF THE POLICY:

Section	Amount of Loss	Description of Loss
1. Shri Bharat Griha Raksha Policy		
2. Burglary Insurance		
3. Personal Accident Insurance		
4. Employee's Compensation Insurance		
5. Plate Glass and / or Sanitary Fittings Insurance Policy		
6. All Risk Insurance		
7. Machinery Breakdown Insurance Policy		
8. Electronic Equipment Insurance Policy		
9. Baggage Insurance		
10. Public Liability (Non-Industrial) Insurance Policy		

Shriram General Insurance Co. Ltd.
IN PARTNERSHIP WITH THE **Sanlam** GROUP
Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022
Phone: +91-141-3928400, 3951111 Fax: +91-141-2770692, 2770693
Website: www.shriramgi.com E-mail: customer.feedback@shriramgi.in
Toll Free: 1800-103-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

Note: Please attach relevant claim form for each section

3. DETAILS OF PREVIOUS LOSS:

Sr.	Date of Loss	Amount of Loss	Name of Insurance Company
1.			
2.			

4. ESTIMATE OF LOSS:

Sr.	Contents	Others (furniture/fixture/fittings if owned by insured)	Total
1.			
2.			
3.			

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

Date:

Place: Signature of the Insured