



Shri Hotel and Restaurant Sampurna Surksha Insurance Policy (Laghu Udyam)– 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 Laghu Udyam Suraksha Policy:		
2. Burglary Insurance		
3. Fire Loss of Profit Policy		
4. All Risk Insurance		
5. Money Insurance Policy		
6. Machinery Breakdown Insurance Policy		
7. Boiler and Pressure Plant Insurance		
8. Electronic Equipment Insurance Policy		
9. Plate Glass and/or Sanitary Fitting Insurance Policy		



10. Neon Sign/Glow Sign/Hoarding Insurance Policy		
11. Shri Personal Accident Insurance		
12. Baggage Insurance		
13. Fidelity Guarantee Policy		
14. Employee's Compensation Insurance		
15. Public Liability (Non-Industrial) Insurance Policy		

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