



Shri Office Care Insurance Policy: Retail – 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 Sookshma 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. Electronic Equipment Insurance Policy		
8. Plate Glass and / or Sanitary Fittings Insurance Policy		
9. Neon Sign/ Glow Sign/ Hoardings Insurance Policy		
10. Shri Personal Accident Insurance		



11. Baggage Insurance		
12. Fidelity Guarantee Policy		
13. Employee's Compensation Insurance		
14. Public Liability		

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/fixtures/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