



## The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

### “ALL RISK” CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
QUESTIONS TO BE ANSWERED BY THE CLAIMANT

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

1	Name of the Insured	
2	Address	
3	Contact No.	
4	Nature of Loss/damage	
5	Details of damaged property	
6	Place and address where the loss took place	
7	When and where was the missing property last seen?	
8	Date and time when loss was first discovered	
9	State the circumstances of the loss or damage	

10	Estimated value of items lost or damaged	
11	Date and time of reporting the loss to the Police Station. (Please furnish copy of FIR)	
12	Name and address of Police Station	
13	Any other information relevant to processing of claim	

I/We the above named do declare and set forth that at or about \_\_\_\_\_ o'clock on the \_\_\_\_\_, the articles enumerated overleaf, and more particularly described in the list lodged with the Company, were \_\_\_\_\_ and I/We do further declare that no other person than myself / ourselves has/have an interest in the said property by Bill of Sale, or as Owner, Mortgage Trustee, or otherwise, and that there is no further insurance except as above mentioned, in this Company or any other company, whereof we claim the sum of Rs. \_\_\_\_\_.

Witness my / our hand this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_.

**Signature of Insured:**

**Date:**

**Place:**

### ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	