

# THE ORIENTAL INSURANCE COMPANY LIMITED

<b>CLAIM FORM FOR ALL RISK INSURANCE</b>	
<b>Basic Details</b>	
1. Policy Number	132000/48/2021/18594
2. Cardholder Name	
3. Card No.	
4. Card Type	
5. Date and Time of Incident	
6. Place of Incident	
7. Brief details of incident	
8. Claim Amount	
9. Is Police complaint lodged? If Yes, Date of complaint	
10. Bank Details (For Claim Settlement)	Name: Bank Name: A/c No: IFSC Code: Branch Name:
<b>Additional comments, if any</b>	

/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this claim form are true, correct and complete.

(b) The details of all persons having an interest in the property in respect of which the Claim is being made are provided as per the proposal form or by way of an Endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

(c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Date:

Place: Signature of the Insured