



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

CUSTOMER SERVICE CENTRE

1st Floor, House-A, 21st Century Business Centre, Nr. World Trade Centre, Ring Road, SURAT-395 002.

Tel : (O) 2363370, 2366145, 2337217 Fax : 2344521

Regd. Office : 34, Nehru Place, New Delhi - 110 019.

Claim No.....

Burglary & Allied Perils Claim Form

Policy No.....

(The issue of this form does not constitute admission of liability. Please return the form completed within 14 days of the loss together with the relevant vouchers etc.)

1. (a) Name of Insured (in full) (b) Address (c) Business	(a) (b) (c)
2. (a) Describe the nature of loss along with date / time of occurrence of the loss. (b) Date of discovery of loss ?	(a) (b)

TRADE PROTECTOR CLAIMS MANUAL

(c) Address Of The Premises Where Loss Occurred ? (d) How was the Premises occupied ? (e) If not occupied when was it last occupied ? (f) By whom was the loss reported ? (A copy of written statement to be attached)	(c) (d) (e) (f)
(3)(a) How did the loss occur ? (b) If due to impact damage what caused the object to fail ? (c) If due to burglary, how was entry/exit to the premises done ? (d) Are you responsible for repair to premises ? (e) How many persons were involved ? (f) Do you suspect anyone ? If so details.	(a) (b) (c) (d) (e) (f)
(4)(a) Has complaint been lodged with the police ? (b) If so, by whom & when at which Police Station ? Please attach a copy of the Police Complaint (c) If not reported, please do so immediately and copy given to us.	(a) (b) (c)
(5) State the amount of loss & the total value of Building & Contents at the time of the loss.	
(6) What steps have been taken to minimize the loss ?	
(7) Have you ever before sustained a loss of this nature ? If so, give particulars.	
(8) Are there any other insurances upon the same assets ? If so, give particulars.	

I/We hereby declare that the foregoing particulars are true and correct in every respect.

Place :

Date :

Signature of Insured