



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

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

301-303, 3rd Floor, Sterling Center, R.C. Dutt Road, Alkapuri, Vadodara-395005
Ph. : 5541600, 5541700 Fax : 0261-2356476

FIXED GLASS & SANITARY FITTINGS CLAIM FORM

Claim No.....

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	Name of Insured (in full)	1
2	Address	2
3	Business	3
4	Date and time of occurrence of loss.	4
5	Date of discovery of loss.	5
6	How did the loss occur ?	6
7	Cause of breakage ?	7
8	By whom was the loss reported ?	8
9	If caused by a person not in Insured's service state his / her name & address.	9
10	Has complaint been made to the police ?	10
11	Name and address of witness if any	11
12	Is insured claiming as tenant or owner ?	12
13	Is the premises currently occupied ?	13
14	Is immediate replacement required	14
	or	
15	Would insured prefer to give an undertaking to effect replacement when convenient to him.	15
16	Is there any other insurance against the present loss under any other policy ? If so give details.	16
17	What is the amount of loss ? a) Description of items/Size b) Frame/Frame work c) Tinting, Lettering, Silvering etc.	17 Rs. _____ a) b) c)
18	Details of any other items damaged due to breakage of glass / sanitaryware ?	18
19	Were these items incidental to the business ?	19
20	Cost of such items ?	20
21	Have you ever before sustained a loss of this nature ? if so give particulars.	21
22	Are there any other insurances covering the same glass/sanitary ware ? If so, please give particulars	22

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

Please :

Date :

Signature of Insured