Home Insurance Plan Claim Form

(Please fill the form in BLOCK letters)

TATA AIG INSURANCE
WITH YOU ALWAYS

Sr. No.:

The issue of this form is not to be taken as an admission of liability.
(If any detail or information is not readily available, please do not delay despatch of this form. Unavailable particulars may be sent later.)

Claim No.: ☐☐☐☐ Policy No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DETAILS OF INSURED:

1. Name: _____
2. Address: _____
   _____
   _____
   City: _____ PIN: ☐☐☐☐☐☐
3. Telephone (O): _____
   Telephone (R): _____
   Mobile: _____

DETAILS OF CLAIMANT:

1. Name: _____
2. Address: _____
   _____
   _____
   City: _____ PIN: ☐☐☐☐☐☐
3. Telephone (O): _____
   Telephone (R): _____
   Mobile: _____

4. Hypothecation Details: _____
5. Date and Time of Accident/Occurrence: Date: ☐☐☐☐☐☐ (dd mm yy) At: _____ hrs.
6. Place of Accident/Occurrence: _____
7. Type of Loss/Damage/Destruction/Burglary: _____
8. Type of Property affected *(Please give details on the reverse)*: _____
9. Short description of Accident/Incidence (Name the third party, if involved): _____
10. Details of Report given to Police/Fire Brigade: _____
11. Details of Claim/Amount of Claim lodged: _____
    _____
12. Were the premises occupied at the time of loss? Yes/No
13. If no, since when was it unoccupied? Date: ☐☐☐☐☐☐ (dd mm yy)

DECLARATION

I/We agree to provide additional information to the Company if required. I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect, and if I/We made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression of concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Place: _____

Date: ☐☐☐☐☐☐ (dd mm yy)

Signature of the Insured: _____

Sr. No.	Description of Property	Insured Value	Market/Reinstatement Value	Value Claimed

HOH1101(CP)