BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,
RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road,
Bangalore - 560016. Tel: 080-40260200.
Toll-Free Helpline: 1800-103-2292
E-mail: claims@bharti-axagi.co.in
www.bharti-axagi.co.in

bharti AXA
GENERAL INSURANCE

BAGGAGE INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY. PAL

Please fill this form in **Block Letters** and **Tick the Boxes** ☑ where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: D D M M Y Y Y Y to D D M M Y Y Y Y

A. DETAILS OF INSURED/s

Name:

Address:

Pin code:

Telephone No.:

E-mail Address:

B. LOSS DETAILS

Time & Date of loss: (Hrs.) D D M M Y Y Y Y

Nature of loss ☐ Fire ☐ Theft ☐ Accidental Damages ☐ Others

Place of loss

Circumstances leading to loss or damage:
Please attach a separate sheet

Who and how the loss was noticed

C. LOSS INTIMATION

If the loss has been reported to Fire Brigade Yes ☐ No ☐ Police Authorities Yes ☐ No ☐

If yes, please attach the copies of the reports and if no, the reasons for not doing so.

D. DETAILS OF THE AFFECTED PROPERTY

The description of the items lost/damaged

Make, model or description of the items lost/damaged

The year of purchase

The year of manufacture and its serial number in case of consumer durables

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

The current replacement value of such items

Please indicate the charges required to repair the items

E. PREVIOUS LOSS HISTORY, IF ANY

F. DETAILS OF OTHER INSURANCES ON AFFECTED ITEMS

G. IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS

If yes name and address of such person

H. IF THE LOSS OCCURRED WHILST THE GOODS WERE UNDER THE CUSTODY OF ANY COMMON CARRIER

☐ Yes ☐ No

If yes please give details

Name of the carrier

Have you lodged your complaint/monetary claim against them ☐ Yes ☐ No

If yes please attach copy of the same

If no please do it immediately

Please inform what response you have received from them

Please attach copies

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

Date:

Place:

Signature of Insured

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260200.

Toll-Free Helpline: 1800-103-2292 E-mail: claims@bharti-axagi.co.in www.bharti-axagi.co.in