



NEON/GLOW SIGN INSURANCE CLAIM FORM

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

PMG

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: to

A. DETAILS OF INSURED/s

Name: _____

Address: _____

Pin code:

Telephone No: _____

E-mail Address: _____

Financial Interest: _____

Address of Financer: _____

Pin code:

If Insured is not the sole owner, for the nature of his/ their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time and Date of loss: _____ (Hrs.)

The address where the Neon Sign was installed: _____

Who noticed the loss & when: _____

Please attach a statement of the person.

Details of the circumstances leading to loss and cause: _____

Please attach separate sheet, if necessary.

Size of the Neon/Glow Sign: _____

Cause of breakage: _____

The replacement value of the Neon/Glow Sign: _____

The approximate cost of repairs of the Neon/Glow Sign: _____

The address where the damaged Neon/Glow Sign can be inspected: _____

Please attach separate sheet, if necessary

C. LOSS INTIMATION

Whether loss has been intimated to
If yes, please attach the copies of the reports.

Police Authorities Yes No

D. PREVIOUS LOSS HISTORY, IF ANY

E. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

F. IN CASE OF ACT OF GOD PERILS, PLEASE ATTACH RELEVANT REPORTS

G. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS

If yes name and address of such person _____

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



general insurance

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,

RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100.

Toll-Free Helpline: 1800-103-2292 **E-mail:** claims@bharti-axagi.co.in **SMS** <CLAIM> to 5667700

Website: www.bharti-axagi.co.in