

# Claim Form – Chola Total Home Protect

(The issuance of this form does not imply admission of liability)

The issuance of this form is not to be taken as an Admission of Liability.

Please answer all questions completely. Use additional sheet, if required. Please attach the documents required as indicated.

Please note that the list of documents mentioned is an indicative list; the Insurer may ask for any other documents to process the claim.

**A. Details of the claimant:**

Policy number: .....

Name of the claimant (in full): .....

Communication address: .....

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Telephone number: ..... Mobile number: .....

Occupation: .....

Address of insured property: .....

.....

**B. Details of the loss:**

Name of the cover under which the claim is being filed: .....

Date and time of loss: .....

Name of the person who first noticed the loss .....

Property affected (please identify the property) .....

Estimated amount of loss.....

Brief details of the loss and the cause .....

.....

.....

Has the loss been intimated to the Police? Yes / No

If Yes, please give details: .....

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Has the loss been intimated to the Fire Brigade? Yes / No

If Yes, please give details: .....

.....

Reason for not intimating to the Police / Fire Brigade: .....

.....

Probable cause of loss:.....

.....

Do you suspect anybody of a deliberate act? If so, describe the nature of role. ....

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**C.Details of any other Insurance policies:**

Do you have any other Insurance policy apart from this policy covering the same property?

If yes, provide the details of

Policy number: .....

Policy period: .....

Insurance company name and address.....

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**D. Details of previous losses (if any)**

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Declaration:

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We

agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident

any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of

compensation in respect of the present or future accident shall be forfeited.

Place:

Date:

Signature of Insured