



Claim Forms

IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED
REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017

Claim No.: _____

Date of Issue: _____

Fire Insurance Claim Form

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 15 days, from the date of occurrence.

| Policy No. | | | | | |
|--|------------|----------|------------|--------|------------------|
| Date & Time of loss | | | | | |
| Location of Loss (Complete Address of Location) | | | | | |
| Circumstances of loss (Brief write up as to how the fire took place and how it spread, fire fighting efforts made and how finally it could be controlled) | | | | | |
| Your opinion about the Cause of Fire | | | | | |
| Estimate of Loss (Give details as per schedule) | | | | | |
| Sr. No. | Block Name | Building | P & M | Stocks | Packing Material |
| | | | | | |
| | | | | | |
| | | | | | |
| Details of Other Existing Insurances | | | | | |
| Name & Address of Company | | | Policy No. | | Sum Insured |
| | | | | | |
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| | | | | | |

I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date: