

ADDRESS OF POLICY ISSUING OFFICE

**IFFCO-TOKIO**

ITGI/TPP/07

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD.**

Regd. Office: 34, Nehru Place, New Delhi - 110 019

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**LOSS OF PROFITS INSURANCE CLAIM FORMS**

- 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)		
Number of days for which your Business remained Interrupted		
Standard Turnover		
Reduction in Turnover (estimated)		
Estimate of Loss (should contain monetary value of loss):		
Steps taken by you to reduce the impact of Business Interruption:		
Cause of Loss :		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured
Any other information which you may like to give:		

Name:

Signature:

Date: