

Claim Form

 Toll Free Number **1800-209-5846 (1800-209-LTIN)**

 Website **www.ltinsurance.com**

 SMS **'LTI' to 5607058 (56070LT)**

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
All the questions are mandatory.
 2. Please leave one box blank between two words while writing the ADDRESS.
 3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.
- PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name: _____
Intermediary Code: _____

(ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)

Please return the form completed within Fourteen days of the loss/damage together with the relevant vouchers, documents etc.

Claim No: _____ Policy No/Cover Note No: _____

Period of Insurance: DDMMYYYY To DDMMYYYY Customer ID: _____

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title (Pls. Tick): Ms. Mrs. Mr.

Name: FIRST _____ MIDDLE _____ LAST _____

Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.: _____ Floor No.: _____ Building Name: _____

Street Name: _____ Locality: _____

Landmark: _____

City/Village: _____ Pincode: _____

Post Office: _____ Fax No.: _____

Mobile No.: _____ Landline: STD _____

Email ID 1: _____

Email ID 2: _____

Do you want us to effect the above change of correspondence address in policy document for all future correspondences? Yes No

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder: _____
(as appearing in the Bank Account) _____

Bank Name: _____

Branch: _____ Location: _____

Account No: _____ Account Type: _____

MICR Code: _____ IFSC Code: _____

DETAILS OF DAMAGE

Date & Time of occurrence: DDMMYYYY HH:MM

Description of occurrence:

Nature & extent of reported loss / damage:

- Full address of the loss location:
- When was the loss discovered and by whom?
- How was entry to / exit from the premises affected?
- Provide the details of damages to the insured property due to reported incident:.....

• Has a complaint been lodged with the Police? Yes No (If not done, this should be done immediately)

If Yes, by whom and when and at which Police Station?

Attach a copy of the First Information Report issued by Police.

Attach a copy of Final Investigation Report at a latter date once issued by Police.

• Were the premises occupied at the time of loss / damage? Yes No

If not, then how long was it unoccupied at the time of loss / damage prior to the date of loss?

• Is anybody suspected of theft? Yes No

If Yes, state full details:.....

• Is the insured the sole owner of the property lost or damaged: Yes No

• State the total value of insured property available at the premise at the time of loss: ₹ []

• Estimated loss: ₹ []

• Give details of other insurances covering same property, if any:.....

• Details of previous losses, if any:

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made , or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Date:

Signature of Insured