Plate Glass
Insurance

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.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly leave 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.

Intermediary Name:

FOR OFFICE USE ONLY

Intermediary Code:

is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001. 1/2
Insurance is the subject matter of solicitation. IRDA Registration Number – 146.

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)
As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Claim No: Policy No/Cover Note No:
Period of Insurance: To
Customer ID: IMD. No:

POLICY HOLDER INFORMATION (Please enter details of the Insured)
Title* (Pls. Tick): Ms. Mrs. Mr.
Name*:

Correspondence Address:

Block/Flat No.*: Floor No.: Building Name*:
Street Name*: Locality:
Landmark*:

City/Village*: Pincode*:
Post Office:
Mobile No.*: Landline*:
Fax No.:
Email ID 1:
Email ID 2:

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:

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S T D

F I R S T M I D D L E L A S T

DETAILS OF CLAIM
• Date & Time of Occurrence:
• Location of Loss: ....
• Dimension of the Plate Glass affected: ....
• Description of Damage:..

....

• Cause of Damage: ....
• Estimate of Loss: `
• Nature and Extent of the Damage:..
• Are you sole owner of the property?..
• Statement of Claim:

• Details of Previous Losses, (if any): ` ....
• Do you wish to provide any additional information with respect to the claim? ....

....

• Give details of the insurances covering the same incident, 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 the Proposer
Notes:

1. If the space provided above is found insufficient, kindly attach duly signed annexure providing the requisite details.
2. Kindly attach the photocopy of the Policy Certificate/Schedule available in your records.

D D M M Y Y Y Y H H: M M

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(as appearing in the Bank Account)
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Branch:
Location:
Account No:

Account Type:
MICR Code:
IFSC Code:

D D M M Y Y Y Y D D M M Y Y Y Y

S T D

F I R S T M I D D L E L A S T

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