

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

Yes No

If 'Yes',

2. Name as Person/s

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

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

Yes No

If 'No', reason for not reporting _____

If 'Yes', provide details

Fire Police Municipality Other

2. Name of Authority

3. Information Report No./ Authority Reference No.

Date

4. Contact Person/s

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

5. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

6. Contact Details

Phone No. Mobile
E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss / damage covered under any other Insurance?

Yes No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

Contact Details

Phone No. Mobile
E-mail Id

Policy Number

Sum Insured

Period of Insurance

From To

