

Fire Insurance Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

1. INSURED DETAILS

1.	Policy Number:	Claim Number:
2.	Period of Insurance:	
3.	Name:	
4.	Address:	
5.	Contact Number:	Landline:- Mobile:-
6.	E-mail:	

2. DETAILS OF LOSS:

1.	Date & Time of Loss	Location of Loss(Complete Address):
2.		
3.	Circumstances and Cause of Fire:	
4.	FIR No. (If intimated to Police):	
	If intimated to Fire Brigade, Report No. (If Applicable):	

3. DETAILS OF PREVIOUS LOSS:

Sr.	Date of Loss	Amount of Loss	Name of Insurance Company
1.			
2.			

4. DETAILS OF OTHER INSURANCES AND CO-INSURANCES, IF ANY:

Sr.	Name of the Company	Policy Number	Sum Insured
1.			
2.			
3.			

5. ESTIMATE OF LOSS:

Sr.	Contents & FFF if owned by insured	Building	Total
1.			
2.			
3.			

I/ We, undersigned confirmed that the above given details are true & correct to the best of my knowledge.

Date:

Place:

Signature of the Insured

Shriram General Insurance Company Ltd.

Head Office- E-8, EPIP, RIICO Industrial Area, Jaipur-302022

Toll Free: 1800 180 7474, 1800 300 30000