

Annexure IV
THE ORIENTAL INSURANCE COMPANY LIMITED
JEWELLERS BLOCK POLICY
CLAIM FORM

(The issuance of this form is not to be taken as an admission of liability. The form must be completed and returned within 7 days after its receipt.)

WITHOUT PREJUDICE

The Divisional / Branch in Charge
The Oriental Insurance Company Limited

Claim No.:
Policy No.:
Period of Insurance: FromTo
Date of Loss:

Dear Sir,

Re: Claim under Jewellers Block Policy No.

I furnish hereunder the details of claim arising out of an incident covered under Office Umbrella Policy for your necessary action.

1. Name of the Insured/Claimant
2. Details of Bank Account
3. Office Address
4. Telephone No.
5. Estimated amount of loss with full details
- 6.a. Date and Time of Occurrence of Loss
- 6.b. On what day, time and how did you first discover the loss
- 6.c. In case of missing items when and where missing property was last seen and by whom? If CCTV recording available please provide on media.
7. Details of Previous claims, if any
8. Details of any other co-existing and identical insurance
9. Details of articles Damaged/Lost With Full List
10. Details of any suspects in the case
- 11.. Details of any recovery particulars
12. Details of current claim(attach separate sheet where ever required to elaborate)

SI No	Type of Insurance	Cause of loss/ accident*	Brief Description of loss **	Sum Insured	Details of FIR / fire Brigade report / Doctors report/ post-mortem report*/Airway Bill
1	Fire				
2	Burglary/Theft				
3	Transit loss				
4	Festival escalation				
5	Out of safe after business hours				
6	Show windows smash loss				
7	Exhibition and Fairs				
8	Money in transit				
9	Fidelity cover				
10	Act of God perils loss as STFI. Earthquake				
11	Boiling Risk				
12	Transit loss –custom house				
13	Neon Sign				
14.	Plate Glass				
15.	.Public Liability				
16.	Employers liability				

I/We declare that the foregoing statements are true to the best of my/our knowledge & belief and that the articles/property described hereinabove were damaged/lost, liability incurred, injuries/death of insured occurred under the circumstances described above and that such articles/property belong to the persons named, and no other person is having any interest therein whether as owner/mortgagee/trustee or otherwise. I/We further declare that if I/we have made, or in any further declaration that the Company may require in respect of the said accident, shall make any false or fraudulent statement and/or suppress and/or conceal any vital information, my/our claim shall absolutely be forfeited and the policy in question shall become null and void.

Signature of the Insured / Claimant

Date

Place

Encls. 1.

2.

3.

4.

* To furnish the required document depending upon the type of claim.

** In case the space provided for in the format is insufficient kindly mention overleaf.

Note: The Company will require further details / information regarding the claim depending upon the section (s) / sub-section (s) in which the loss falls.