



The Oriental Insurance Company Limited
Regd. Office: A 25/27, Asaf Ali Road, New Delhi -110002

CLAIM FORM
SAMPURNA UDYAM SURAKSHA POLICY

(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 of its receipt.)

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

I furnish hereunder the details of claim arising out of an incident covered under Sampurna Udyam Suraksha Policy for your necessary action.

1. Name of the Insured/Claimant: -----

2. Business Address:

3. Name of Financier/Other interest in the property:

4. Nature of Occupancy :
(specify whether shop, Office, Commercial Enterprise
industrial /Non Industrial Unit)

5. Location of Loss/Damage :
Please mention full address

6. Contact Details of Persons at Loss Location:

Name :
Designation
Landline & Mobile No.
Email ID :

7. Describe the loss with full details of the damage sustained :

a Date and Time of Occurrence of Loss:

Please describe the circumstances leading to loss

b On what day, time and how did you first discover the loss:

8. Has the Loss been reported to the Authority : YES/NO

If No, reason for not reporting the Loss
If Yes, Name & Address of the Authority :

Landline Number & Mobile No. :
Email ID :

9. Is the loss/damage covered under any other Insurance YES/NO

If yes, please provide the following details :

Name of the Insurer
Policy No.
Period of Insurance
Sum Insured/Limit of Liability
Please attach the policy copy

10. Previous claims, if any.
Please provide details

11. Any recoveries made in respect of the loss :

12. Details of present claim (attach separate sheet wherever required to elaborate).

Sections	Type of Insurance	Date and Time of occurrence of loss	Cause of loss/ accident	Brief Description of loss	Details of articles damaged/ lost	Sum Insured	Estimated Loss (Rs)	Details of FIR / fire Brigade report

13. Actual value of the Property :

14. Amount claimed :

15. Any other information that you wish to provide :

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, 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:

Note: The relevant documents depending upon the section (s) / sub-section (s) in which the loss falls, from amongst those as detailed below may be provided to the concerned dealing office:

1. Duly completed claim form;
2. First Information Report and Final Police report, wherever necessary;
3. Fire Brigade Report, wherever necessary;
4. Final Bills of Repair, as applicable
5. Weather (Meteorological) Report.

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