UIN:OIC-OT-P15-53-VO2-14-15

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 Claim No.:

The Oriental Insurance Company Limited Policy No.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Insurance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir,

Re: Claim under Jewellers Block Policy No.

From ……….To ……….

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)

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No | Type of Insurance | Cause of loss/accident\* | Brief Description ofloss \*\* | SumInsured | Details of FIR / fireBrigade report /Doctors report/post-mortemreport\*/Airway Bill |
| 1 | Fire |  |  |  |  |
| 2 | Burglary/Theft |  |  |  |  |
| 3 | Transit loss |  |  |  |  |
| 4 | Festival escalation |  |  |  |  |
| 5 | Out of safe afterbusiness hours |  |  |  |  |
| 6 | Show windows smashloss |  |  |  |  |
| 7 | Exhibition and Fairs |  |  |  |  |
| 8 | Money in transit |  |  |  |  |
| 9 | Fidelity cover |  |  |  |  |
| 10 | Act of God perils loss asSTFI. Earthquake |  |  |  |  |
| 11 | Boiling Risk |  |  |  |  |
| 12 | Transit loss -customhouse |  |  |  |  |
| 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.