



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

“ALL RISKS” CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
QUESTIONS TO BE ANSWERED BY THE CLAIMANT
“THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY”

POLICY NO.
CLAIM NO.

1. Name & Address:

2. Policy No:

3. Date of Loss/Accident:

4. Description of Loss or damage:

5. Cause Of Loss or Damage:

6. If by theft
 - (a) Time & Day
 - (b) How committed
 - (c) By whom discovered and when
 - (d) Have Police been notified, if so, when
 - (e) State result of Police Investigation, if any

7. Are you Insured against the present loss under any other Policy?

I _____ declare that foregoing statement are true to the best of my knowledge and belief; that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstance above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as owner, Mortgage, Trustee or otherwise.

Place:
Date:

Insured's Signature