IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ALL RISK INSURANCE CLAIM FORM

Certificate No: _____

Claim No:_____

Policy No:_____

Period of Insurance **From** ……. **To** ……

The issuance of this form is not to be taken as an admission of liability

Please answer all questions fully.

Insured Name ……
Address for correspondence ……
Telephone No. ……
Alternate No. ……

Date of loss ……

Item/s affected by loss: Mobile / Tablet

Brief Description of loss:
What ……
When ……
Where ……
How ……

……

……

……

Cause of loss: **Theft / Physical Damage/ Liquid Damage**

Has the matter been reported to the Police Yes / No

Name of the Police Station ……

FIR No. and date (Please enclose original or certified copy of FIR) ……

Estimate of loss (with complete breakup) ……

Any other information which you would like to provide ……

Date …….. **Signature of the Insured**