

BAGGAGE INSURANCE CLAIM FORM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____**POLICY NO:** _____

1. Name and address of the Insured (in full):	
2. State the place/ location where loss occurred.	
3. (a) Date and time of loss: (b). When discovered and by whom?	
4. (a) Give brief details of how exactly the loss occurred. (b). Specify overleaf the articles stolen and items damaged including the estimated amount of loss	
5. Has a complaint been lodged with the Police? If so, by whom and when and at which Police Station? (Attach a copy of the Police complaint.) (If not, this may be done immediately and a copy thereof furnished to the Company with reasons for the delay)	
6. Is any body suspected for loss? If so, state full details.	
7. Is the Insured the sole owner of the property lost or damaged? If not, details of ownership.	
8. State the total value of property in the baggage at the time of loss.	
9. Is there any other Insurance against the present loss under any other Policy? If so, give full particulars.	

10. Any other information you would like to furnish

Sl.No	Description of item lost/damaged	Estimated amount of loss
		Rs.
	Total:	_____

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

Signature of Insured