

# **The New India Assurance Company Limited**

Head Office: 87, M G Road, Fort, Mumbai-400001

## **Fire Insurance Claim Form**

1. Name and Address of Insured:

2. Please give following details pertaining to all the policies involved in fire accident:

| Policy<br>Estimated<br>Number | Risk<br>Covered | Location | Sum Insured<br>amount |
|-------------------------------|-----------------|----------|-----------------------|
| of loss                       |                 |          |                       |
| (i)                           |                 |          |                       |
| (ii)                          |                 |          |                       |
| (iii)                         |                 |          |                       |

3. Period of Insurance:

4. Date and Time of Loss:

5. Nature and Cause of Loss  
(Please describe the circumstances  
leading to the loss)

6. Give details of insurance with any  
other insurance company on the risk  
involved in fire/accident

7. If insured is not sole owner, the nature of his/their  
interest in the property and details of other interests

8. Whether loss intimated to  
(1) Police  
(2) Fire Brigade

9. (i) Was any claim reported in the past on the  
same property during current policy period.  
(ii) If so, give details regarding:  
(a) Cause

- (b) Date of incident
- (c) Claim
- (d) Policy Issuing Office
- (e) Amount of claim paid/Outstanding Rs.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

PLACE:

DATE:

Signature of Insured

To be filled in by Dev. Officer/Br./D.O.

Fire Claim No. \_\_\_\_\_

| Branch/<br>D.O.<br>Code NO. | R.O.<br>Code No. | Dev.<br>Officer's<br>Code No. | Agency<br>Code No. | Premium Payment Particulars |                    |               |
|-----------------------------|------------------|-------------------------------|--------------------|-----------------------------|--------------------|---------------|
|                             |                  |                               |                    | Receipt No<br>BG/ CD No     | Date of<br>Payment | Amount<br>Rs. |
|                             |                  |                               |                    |                             |                    |               |

### ECS Details of the Insured

|   |                                                        |  |
|---|--------------------------------------------------------|--|
| 1 | Name of the Insured (as appearing in the Bank Account) |  |
| 2 | Bank Name                                              |  |
| 3 | Branch and address                                     |  |
| 4 | Bank Account No.                                       |  |
| 5 | Bank Account Type                                      |  |
| 6 | IFSC Code                                              |  |
| 7 | MICR Code                                              |  |