

Claim Form


Toll Free Number
1800-209-5846 (1800-209-LTIN)

Website
www.ltinsurance.com

SMS
'LTI' to 5607058 (56070LT)

GUIDELINES TO FILL THE FORM

- Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
All the questions are mandatory.
 - Please leave one box blank between two words while writing the ADDRESS.
 - Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.
- PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name:
Intermediary Code:

(ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)

Please return the form completed within Fourteen days of the loss/damage together with the relevant vouchers, documents etc.

Claim No: Policy No/Cover Note No:
Period of Insurance: To Customer ID:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name:

Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.: Floor No.: Building Name:
Street Name: Locality:
Landmark:
City/Village: Pincode:
Post Office: Fax No.:
Mobile No.: Landline:
Email ID 1:
Email ID 2:

Do you want us to effect the above change of correspondence address in policy document for all future correspondences? ☐ Yes ☐ No

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:
(as appearing in the Bank Account)
Bank Name:
Branch: Location:
Account No: Account Type:
MICR Code: IFSC Code:

PARTICULARS OF ACCIDENT:

- Date & Time of Occurrence:
- How did the breakdown occur?.....
.....
.....
- What is the actual & probable Cause of breakdown:.....

• Extent of damage with loss estimate:

Parts to be replaced:

Parts to be repaired:

Others:

(Kindly attach separate annexure if space provided is insufficient)

• Full address of the loss location:

DETAILS ON MACHINERY DAMAGED:

• Was the property brand new or second hand? ☐ Brand New ☐ Second Hand

• If insured not sole owner, the nature of his/their interests in the property and details of other interests:

• What control measures were undertaken to minimise/avoid reoccurrence of the reported incident?

• What was the last occasion before the damage when the machine was overhauled or attended for maintenance?

Sr. No.	Description of Machinery	Make/Model & Sr. No.	Mfg. Year	Sum Insured	Mkt Value/RIV	Cost of Repair/ Reinstatement	Whether AMC Available	Period of AMC Contract	Brand New/ Second Hand

(Kindly attach separate annexure if space provided is insufficient)

• Total Claim Amount: ₹

• Is the repair being carried out ☐ inhouse ☐ at repairer's place

• If at repairer's place, kindly provide the details of repairer:

• Provide Job-Work estimate alongwith proforma invoices of spare parts to be replaced:

• Give details of other insurances covering same property, if any:

• Details of previous losses, if any:

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Date:

Signature of Insured

PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH THE CLAIM FORM WITHIN 14 DAYS.

1. Photographs
2. Copy of log book entry
3. Estimate of Loss
4. Invoice / Bills