

9. In case of organisations covering their employees:-

a) When did the employee concerned enter your service?

b) Was he involved in a similar loss before? Yes No

10. Have you ever before sustained a loss of this nature? Yes No

If so, give particulars.

11. Are there any other insurance upon the same articles? Yes No

If so, give details.

12. Bank Details

Would you like to opt for NEFT payment? Yes No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name Branch Name

A/C Holder Name as in Bank Record City State

Account No IFSC Code

(this is a 11 digit code printed on your cheque leaf)

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Details of Articles lost/damaged

Description	Value (₹)
<input type="text"/>	<input type="text" value="₹"/>
<input type="text"/>	<input type="text" value="₹"/>
<input type="text"/>	<input type="text" value="₹"/>
<input type="text"/>	<input type="text" value="₹"/>
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<input type="text"/>	<input type="text" value="₹"/>
<input type="text"/>	<input type="text" value="₹"/>
<input type="text"/>	<input type="text" value="₹"/>

Declaration by Insured

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

Date:

Place:

Signature of Insured