

8. Was any claim reported in the past on the same property during current policy period? Yes No

If so, give details regarding

- a) Cause _____
- b) Date of accident _____
- c) Claim number _____
- d) Policy issuing office _____
- e) Amount of claim paid/outstanding _____

9. 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)

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