



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

JEWELER'S PACKAGE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. _____

Claim No. _____

A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____ State _____		
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____
Limits of Indemnity under the Policy	_____		

B. DETAILS OF LOSS

Date of Loss	__/__/____	Time	__:__ AM / PM
LOSS LOCATION			
Address line 1	_____		
Address line 2	_____		
City	_____	State	_____ Pin Code _____
Phone No.	_____	Mobile No.	_____ Email _____
Describe cause of Loss/Damage	_____		
Estimated Loss (Rs.)	_____		

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____
Address line 1 _____
Address line 2 _____
City _____ State _____ Pin Code _____
Phone No. _____ Mobile No. _____
Policy No. _____ Email _____
Period of Insurance From __/__/____ To __/__/____ Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details Yes No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF CONSEQUENCES OF THE ACCIDENT

Is the entry or exit from the premises affected? If "Yes", specify _____ Yes No

Is any other portion of the premises affected / damaged? If "Yes", specify _____ Yes No

Whether the premises was occupied at the time of loss? If "No", specify the last occupied details Yes No

Date last occupied __/__/____ Time last occupied __:__ AM / PM

Are you responsible for repairs of the premises? Yes No

Whether a watch and guard of 24 hours available Yes No

If "Yes", name of the security agency _____

Address line 1 _____ Address line 2 _____

City _____ Pin Code _____ State _____ Phone no. _____

Whether any electronic surveillance available Yes No

If "Yes", please provide soft copy of data

Whether any automatic alarm system available for sounding forcible entry Yes No

If "Yes", whether the same was connected to the nearest police station Yes No

What was the total value of property on the premises at the time of loss? Rs. _____

Did the loss occur whilst at the hands of Directors/Partners/Employees Yes No

If "Yes", name / designation _____

Address line 1 _____ Address line 2 _____

City _____ Pin Code _____ State _____ Phone no. _____

Did the loss occur whilst at the hands of Brokers / Cutters / Courier (including individual) Yes No

If "Yes", name / designation _____

Address line 1 _____ Address line 2 _____

City _____ Pin Code _____ State _____ Phone no. _____

If in custody of Angadia / Courier, point to point travel from _____ to _____

Whether angadia / courier accompanied by a security guard Yes No

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify _____

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 in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited. "I/We also declare that the articles / property described above belongs to me / us and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Place:

Signature:

Date:

Name of Insured: