



ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

**FIRE
INSURANCE
CLAIM FORM**

For Office Use only

Issuing Office _____

Date of Issue _____

Claim No. _____

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), 6th Floor, Karapakkam,
Chennai - 600097, Board No : 044 - 7117 7117 e.mail : customer.services@royalsundaram.in

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

Please ensure that this form is completed in capital letters in all respects. Please attach additional sheet if required to answer a question.

1. **Policy No**

2. **Date & time of Occurrence**

3. **Details of the insured:**

Name &
Address of the
Insured

Phone No.
Fax
Mobile

4. **Details of Other Insurance Policies covering the same interest:**

NAME OF THE COMPANY	POLICY NO.	POLICY PERIOD	SUM INSURED

5. **Item damaged and the serial no. in the policy**

6. **Probable Cause of Loss:**

7. **Extent of Loss**

8. **Are you the sole owner of the property lost/damaged?**

If not state the name and address of the other parties involved and their interest

--

9. **Details of claims for property destroyed or damaged:**

(A fire policy being a contract of indemnity, all claims must be based on the market value of the goods at the time of loss or damage **not including profit of any kind.**)

Description of Items damaged	Value at the time of Loss or damage	Value of Salvage	Amount Claimed

10. **DETAILS OF CLAIM FOR LOSS OF PROFIT**

(Answers to question number 8 may be given only when there is a Loss of Profit claim.)

a. Has any production been lost?
(Give Details)

--

b. By what date will it be possible to resume normal production?

--

c. What is the estimated loss of turnover during the period of interruption?

--

d. Have you incurred any increased cost of working to minimize the loss?

--

If yes, Please state the amount incurred.

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required.

Place:

Date:

Signature of the Insured

Name:

Address:

Please submit the following documents(as relevant to your claim) along with the claim form within 15 days

1. FIR

☐

2. Invoice /Bills / Receipts

☐

3. Photographs

☐

4. Fire Brigade Report

☐

5. Metrological report

☐

6. KYC details of insured 7. Cancelled

cheque leaf in the name of the proposer for effecting claim settlement through NEFT