



**CLAIM FORM  
HOME SECURE (HOUSEHOLDERS) POLICY**

*The issue of this form does not constitute admission of liability.*

**Please keep in mind:**

- i] Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
- ii] Please do not delay dispatch of this form for unavailable information, which can be sent later.
- iii] If space is not sufficient in any of the column, please attach separate sheet (s).

Claim No: \_\_\_\_\_ Policy No: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

Details of Insured:	Details of Claimant:
1. Name: _____ 2. Address: _____ _____ _____ PIN: _____ 3. Contact Information: Phone: Mobile _____ STD Code: _____, Number: _____ Email : _____	1. Name: _____ 2. Address: _____ _____ _____ PIN: _____ 3. Contact Information: Phone: Mobile _____ STD Code: _____, Number: _____ Email : _____

**4. Coverage under which loss is claimed: (Please tick as applicable)**

1. Home Building    
  2. Home Contents    
  3. Others:

**5. Cause of loss: (Please tick as applicable)**

<input type="checkbox"/> 1. Fire <input type="checkbox"/> 2. Explosion of domestic pressure vessels or Implosion <input type="checkbox"/> 3. Lightning <input type="checkbox"/> 4. Earthquake, volcanic eruption, or other convulsions of nature <input type="checkbox"/> 5. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, <input type="checkbox"/> 6. Tsunami, Flood and Inundation <input type="checkbox"/> 7. Acts of Terrorism (Coverage as per terrorism clause attached)	<input type="checkbox"/> 8.. Subsidence, Landslide, Rockslide, Avalanche 9. Additional Covers . a. Bush fire, Forest Fire, Jungle Fire b. Impact damage c. Missile testing operations d. Riot, Strikes, Malicious Damages	e. Bursting or overflowing of water tanks, apparatus and pipes f. Leakage from automatic sprinkler installations g. Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events <input type="checkbox"/> 10. Others: _____
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**6. Loss details:**

Date of loss: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of loss: \_\_\_\_\_ AM/PM

Date of discovery: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of discovery: \_\_\_\_\_ AM/PM

Place of loss (Full address): \_\_\_\_\_

7: A brief note on how the loss occurred / Incident Note.

8: Has the fire / loss been reported to fire brigade and/or Police?  Yes  No (Please tick)

FIR No: \_\_\_\_\_ Fire Brigade Report No: \_\_\_\_\_

If no, please give reasons: \_\_\_\_\_

9. Was the premise occupied at the time of loss?  Yes  No (Please tick)

If no, since when it was unoccupied? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

10. State whether the property damaged, is Hypothecated / Financed / Leased / Hire purchase, If yes, please give details. (Name and address of the financier):

11. Value of loss / amount of claim lodged: \_\_\_\_\_

12. Details of other policies covering the present loss:

13. Details of previous losses, if any, under the current policy with this company or similar policy under any other company:

14. Details of witness - Name and address (if any):

15. List of Items/property damaged: (As per annexure in Page 3).

**Disclaimer:**

*The Company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.*

**Declaration by insured:**

- 1. I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.*
- 2. I/We undertake that if any of the information given here, or in any statements made in future, is found to be false, fraudulent or if there is any misrepresentation or concealment of facts, the policy shall be void and all rights to past and present losses shall be forfeited.*
- 3. I/We authorize the insurance company, or any of its authorized representatives to collect, as are relevant to verify the facts of the loss, information/ documents including but not limited to certified copies of police report, statements of witnesses, medical records, suits filed, bank/ card statement,*

TATA AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India

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