



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD.**

Regd. Office: 34, Nehru Place, New Delhi - 110 019

**ALL RISK INSURANCE CLAIM FORM**

Certificate No. ....

Claim No. ....

Policy No. ....

Period of Insurance From ..... To .....

The issuance of this form is not to be taken as an admission of liability

Please answer all questions fully.

Insured Name .....

Address for correspondence .....

Telephone No. ....

Alternate No. ....

Date of loss .....

Item/s affected by loss:  Mobile  Tablet

Cause of loss:  Theft  Physical Damage/Liquid Damage

Brief Description of loss: What .....

When .....

Where .....

How .....

Has the matter been reported to the Police  Yes  No

Name of the Police Station .....

FIR No./DDR/NCR and date ( Please enclose original or certified copy of FIR) .....

Estimate of loss (with complete breakup) .....

Any other information which you would like to provide .....

(Please attach Annexure)

Date .....

**Signature of the Insured**