



*Leadership and beyond*

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड  
The New India Assurance Co. Ltd  
India's Premier Multinational General Insurance Company

## UDYAM BIMA CLAIM FORM

(The issue of this form is not to be taken as an Admission of Liability)

Office Address	Policy No. Policy Period Date of Loss Claim No.
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- A. INSURED  
B. MSME CERTIFICATE NO./ UDYAM  
AADHAR No.

1	Name	:	
2	Address	:	
	City	:	
3	Telephone Number	:	
4	Period of Insurance	:	From To
5.	Occupation	:	

### B. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED

1.	Address	:	
	City	:	Pin Code:
2.	What was the premises used for?	:	
3.	How was the entry to/exit from the premises effected?	:	
4.	Which portion of the premises was affected by the entry or exit?	:	
5.	Whether the premises were occupied at the time of loss. If not, at what date and time was it last occupied?	:	
6.	Are you the sole owner of:	:	
	a. The property lost or damaged?	:	
	b. The premises?	:	
7.	Are you responsible for repair of the premises?	:	
8.	State the total value of property upon the premises at the time of loss.	:	

**C. DETAILS OF THE LOSS:**

	Date & Time of Loss.	
1.	Place/Location of loss :	
2.	When discovered & by whom?	
3.	Give brief details of how exactly the loss occurred. (Specify overleaf the property damaged/articles stolen ).	
4.	Is anybody suspected in this incident? If Yes, state full details( Attach separate sheet)	Yes      No <input type="checkbox"/> <input type="checkbox"/>
5.	Was information given to the Fire Brigade? If so when and by whom.(Attach Copy of the Fire Brigade Report)	Yes      No <input type="checkbox"/> <input type="checkbox"/>
6.	Has a complaint been lodged with the Police station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, by whom, when & at which Police station? (Attach a copy of the police report/FIR).	
	If not, this may be done immediately.	
7.	Has the police apprehended any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details.	

**D. DETAIL OF OTHER INSURANCES**

	Give details of other Insurance's, if any, covering the present loss.	
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**E. DETAILS OF PREVIOUS LOSSES**

	Give details of Previous losses, if any, on the affected section of policy	
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**F. APPROXIMATE VALUE OF LOSS :**

**G. SECTION OF THE POLICY AFFECTED BY LOSS:**

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles or properties described herein belong to the person/s named, with no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Place:

Date:

Signature of the Insured

**Note : This is a general form. Section-specific available claim form may be used separately.**