



Householder Umbrella Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim form are filled in by you and no column should remain unanswered. Attach Separate Sheet if the space is not sufficient.

A. INSURANCE DETAILS:

Policy Number:		Claim Number:	
Period of Insurance:			
Date & Time of loss:		Place of Accident:	
Name of Insured:			
Address:			
Contact Number:	Landline:-	Mobile:-	
E-mail:			
Detail of other insurances, if any:			
If insured is not sole owner, the nature of his/her Interest in the property and details of other interests:			

Attach whichever is applicable:

1. Fire Claim Form ()
2. Burglary Claim Form ()
3. Personal Accident Claim Form ()
4. Machinery Breakdown Claim Form ()
5. Money Insurance Claim Form ()

I/we, undersigned confirm that the above given details are true & correct to the best of my knowledge.

Place:

Date:

Signature of Insured

Shriram General Insurance Company Ltd.

Head Office- E-8, EPIP, RIICO Industrial Area, Jaipur-302022

Toll Free: 1800 180 7474, 1800 300 30000