

### RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

#### **CLAIM FORM**

### Raheja QBE Buyer's Warranty & Indemnity Insurance Policy

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

Please complete and return of this form to Raheja QBE at the earliest. Do not delay if any information required cannot be immediately given furnished at the time of filing this form. The same The requisite information can be forwarded submitted to Raheja QBE\_later, as soon as possible, on a later date. (If space found insufficient insufficient, please attach separate sheet).

Policy Number:

I. INSURED'S DETAILS:									
	1.	Name:							
	2.	Address:							
		City:	Pin Code:						
	3.	Contact Person:							
	4.	Contact Number:							
	5.	Period of Insurance: From	То						
	6.	Limit of Indemnity:							
II.	PAF	PARTICULARS OF CLAIM:							
	1.	Date of receiving notice of claim :							
Brief description of the claim circumstances:									
	3. When did you receive the notice of claim?								



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4.	When was the claim first notified to Raheja QBE?
	•



Date

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III.	DETAILS OF OTHER INSURANCES				
	Give details of other insurances, if any, covering the current loss.				
IV.	DETAILS OF PREVIOUS LOSSES				
	Give details of all previous claims under similar policy with other insurers and with Raheja QBE, then the details of previous insurance claim.				
V.	PLEASE GIVE ALL OTHER INFORMATION RELEVANT TO THIS CLAIM (Use additional sheets if space provided in insufficient.)				
	e, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and				
	repleteness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will see any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the				
	m, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or				
	ices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall absolutely forfeited and the Policy shall be null and void				
con and any sup	re, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and appleteness of the foregoing statements and facts submitted in support of this policy and in every respect; I/we agree that if I/we have made or will make any false or fraudulent statement, or suppress or conceal relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is ported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our half or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and di.				



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DC							
	Place	:				Signature of the Claimant	