

1. Date of receiving notice of claim : _____
2. Brief description of the claim circumstances: _____

3. When did you receive ~~the~~ notice of claim?

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

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.) _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or ~~will~~ make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void..

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements and facts submitted in support of this policy and in every respect; and I/we agree that if I/we have made or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date : _____



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Place :

Signature of the Claimant