



**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**  
Corporate Office: Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road,  
Sahar, Andheri East, Mumbai 400059  
Toll Free number – 1800 102 7723 (9 am to 8 pm, Monday to Saturday)  
Website: www.rahejaqbe.com  
Email: customercare@rahejaqbe.com Corporate Identity  
Number: U66030MH2007PLC173129,  
IRDA Reg. No. 141

**Raheja QBE General Insurance Co Ltd.**

**Homeowners Package UIN : IRDAN141RPMS0008V01202425**

**CLAIMS FORM**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY**

Claim No. \_\_\_\_\_

Risk Code (For office use) \_\_\_\_\_

As soon as Loss or Damage has become known we should be notified without delay. If any details are unavailable, they may be sent later after submission of this form.

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Limited.

Do not dispose or destroy damaged parts/machinery without consent of surveyor.

**(A) Insured**

1. Name	
2. Address	
	City : Pin Code:
3. Tel No.: Office	
4. Mobile	
5. Email id	
6. Policy No.	
7. Period of Insurance	From to
8. If you are not sole owner please mention your interest and details of other interests in the property.	

**(B) Details of Loss**

1) Date & Time of Loss	
2) Who noticed/ discovered/ witnessed/ reported the accident and when?	
3) Provide details of circumstances of loss and its	

cause	
4) Property effected	
5) Value of property	
6) Estimated claim	
7) Has the Loss been intimated to	
Police	If yes, please attach report/ first information report (FIR)
Fire Brigade	If yes, please attach report
8) Machinery details	
I. Description of damaged machinery	
II. Make:	
III. Type:	
IV. Model:	
V. Serial No.:	
VI. Year of manufacture:	
VII. Capacity:	
VIII. Was there any software lost or Damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was it?	
What is the replacement cost?	Rs.
IX. Was there any Data lost?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was it?	
What is the replacement cost?	Rs.
X. Date of expiry of manufacturer warranty:	____/____/____ (D/MM/YYYY)
XI. Sum Insured:	
XII. Cost of replacement by a new machine/equipment of same type/capacity:	Rs.
XIII. Is there a claim under add on covers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
XIV. Total Claim under all sections.	Rs.
XV. Date of last maintenance service/overhaul of machine:	____/____/____ (D/MM/YYYY)
XVI. Details of previous repairs, if any	
XVII. Name & Address of repairer	
XVIII. Estimate of cost of repairs, itemized separately for parts and labour	Rs.



**(C) Details of Other Insurances**

Give Details of other Insurance Policies if any covering the same property

**(D) Details of Previous Losses**

Give details of previous claims, if any, on the affected property

**(E) Details of Loss Minimization Steps Taken**

Give details of Loss Minimization Steps, if any

**Declaration**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

**Date:**

**Place:**

**Signature of Claimant**