

BUSINESS PACKAGE CLAIM FORM

Please fill this form COMPLETELY. The issue of this form is not to be taken as an admission of liability.

Policy No.: _____ Claim No.: _____

Period of Insurance: From DD / MM / YYYY to DD / MM / YYYY

1. Details of Policy Holder

Insured / Claimant's Name: _____

Address: _____

City: _____ Pin Code: _____ State: _____

Mobile No.: _____ Landline No.: _____

Email ID: _____

Details of Mortgagee/Financiers (s): _____

2. Loss Details

Date of Loss: DD / MM / YYYY Time of Loss: HH / MM AM/PM

Description of Loss: _____

Items affected (Attach separate sheet, if required):

S. No.	Damage/Lost Items	Identification No. (If any)	Estimated Loss (Rs.)
1			
2			
3			
4			
5			

3. Additional Information in event of legal liability / Injury to Insured or Insured's Employee

* In event of Hospitalization, attach necessary medical records

4. Police & Fire Brigade Details

Police report lodged: Yes No If Yes, Report No.: _____ Date: DD / MM / YYYY

Police Station: _____ District: _____

Fire Brigade Intimation: Yes No If Yes, Report Details: _____

5. Other Insurance Details

Is the loss covered under any other insurance policy: Yes No If Yes, then give the details below

S. No.	Name & Address of Insurance Company	Policy No.	From	To	Sum Insured (Rs)
1					
2					

Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited. I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim.
Data Privacy Notice I/We hereby provide consent to the Company for collecting/retaining any information relating to Me/Us including Sensitive Personal Information ("hereinafter cumulatively referred to as "INFORMATION"), that is either available with the Company or disclosed by Me/Us while obtaining the policy of Insurance from the company or otherwise. I/We further understand that the Company may use the INFORMATION for servicing the Insurance policy obtained by Me/Us and for same may share the INFORMATION with any reinsurer, insurance association, medical authorities, other Insurers, statutory authorities, court, governmental body, regulator etc., or with services provider(s) engaged by the Company for servicing the Insurance policy, underwriting the risk, settlement of claim etc. without obtaining our specific consent for such sharing and we hereby provide our consent to Company for same. I/We understand that whenever I/We would like to update/correct the INFORMATION, we will intimate the Company for the same, so as to enable the Company to amend/correct the INFORMATION accordingly. Further in the event I/We would like to withdraw My/Our consent provided herein, I/We would intimate the Company of the same in writing and also understand that, in the event of such withdrawal by Me/Us, the Company reserves the right to not provide Me/Us the Services for which it has sought the INFORMATION.

Date: DD / MM / YYYY

Place: _____

 Signature of Insured
 (Company's seal in case the insured is a firm/company)

Navi General Insurance Limited

Registered Office: Navi General Insurance Limited

402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai – 400099

Corporate Office: Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com

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