



*Leadership and beyond*

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड  
The New India Assurance Co. Ltd  
India's Premier Multinational General Insurance Company

## The New India Assurance Company Limited

Divisional Office(760400), Koduvath Shopping Complex  
Sub Jail Road, Aluva – 683 101

### CLAIM FORM FOR SIB SURAKSHA KAVACH – BAGGAGE INSURANCE

1. Name of insured : SIBL
2. Name of the Insured Person :  
SIB Account No. :  
Date of Proposal/Enrolment under SIBSK :
3. a) Date & time of Incident : Date : Time: a.m./p.m  
b) Place of Incident :  
c) Mode of Travel/Transportation :  
c) Whether Baggage was locked with keys / Number lock :  
d) How did the loss of baggage occurred :
4. a. When did you inform the Police Authorities of the loss of baggage and at which Police Station :  
b. If there is delay in intimation to Police, the reasons for the same :  
c. FIR No./Date & Police Station :  
(To be attached)
5. Items kept in the baggage / lost and its value - description of each item with its make, Model, year of purchase , Serial Number, IME No. in case of Mobile Phones and Value:

Sr. No.	ITEM	MAKE	MODEL	SERIAL NUMBER	YR. OF PURCHASE	IME NUMBER IN CASE OF MOBILE PHONE	VALUE

6. Total Amount of Loss :

7. Are there any other insurance against Burglary upon the same property ? If so Give full particulars – Policy No & Name and address of Insurance Company. :

**In support of the above claim, I enclose the following documents (Please tick the documents enclosed).**

1. Policy FIR / Final Investigation Report
2. Invoices/Purchase Bills of items lost.
3. Warranty Card of items lost (if applicable).

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Insurance.

Dated at ..... this ..... day of .....20.....

**SIGNATURE OF CLAIMANT**

**ECS Details of the Insured (Please attach copy of Bank Pass Book or Cancelled cheque leaf)**

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	