

## Shopkeeper's Package Policy (Retail)

Consequential Loss (Fire) Insurance Claim Form

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

*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 MHDI.*

*Do not dispose off or destroy damaged property without consent of surveyor/MHDI.*

### A. The Insured

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### B. Policy Details of Consequential Loss (Fire) Insurance Policy

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

### C. Policy details of Fire & Special Perils Policy under which material damage loss has been preferred

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_.

Name of the Insurer

\_\_\_\_\_

### D. Loss Details

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Date/Time Discovered \_\_\_\_\_

By whom \_\_\_\_\_

Location/Address of

Loss \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_

Premises occupied as

\_\_\_\_\_

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Describe fully circumstances of Loss, how it happened, what caused the Loss

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Period for which your business has been interrupted from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

What is the Standard Turnover \_\_\_\_\_

What is the estimated reduction in turnover \_\_\_\_\_

What is the estimated Loss of Gross Profit \_\_\_\_\_

Claim under Add on covers \_\_\_\_\_

Total Claim under all Sections (Separate Claim Bill may be attached) \_\_\_\_\_

**D. General** (Put a tick  in the appropriate )

1. Is there any other insurance in force providing cover for this loss or damage?

Yes  No

If yes, please provide name of Insurer(s), policy no. and copy of Policy

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2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance?

Yes  No

If yes, please provide details of the same \_\_\_\_\_

3. Have you ever suffered any loss or damage leading to interruption in Production in the past?

Yes  No

If yes, please provide Date, Amount of Loss and Name of Insurer

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4. Did you take any measures to minimize the loss?

Yes  No

If yes, please provide details of the same \_\_\_\_\_

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5. Are there any steps taken to prevent a reoccurrence?

Yes  No

If yes, please provide details (please attach separate sheet if required)

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6. Was there another person/Organisation, in your opinion, responsible for the loss or damage?

Yes  No

If yes, please provide name, address & phone no.

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7. Was there any witness(es) to the incident?

Yes  No

If yes, please provide name, address, phone no. and enclose statement from the witness

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8. Were the premises occupied at the time of the loss or damage?

Yes  No

If not, unoccupied since

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9. Are you the sole owner of the premises/property?

Yes  No

If not, please provide details of other interested parties\_\_\_\_\_

### **IMPORTANT NOTICE**

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED)

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**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.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp

Documents to be attached: