

Anti-Burglary Insurance (ABI) Claim Intimation Form

Date - / /

(In case of burglary download this form and send to the APPROPRIATE INSURANCE COMPANY along with the details as stated in Insurance prospectus of User Manual provided in lock packaging)

All data should be in CAPITAL LETTERS Please fill the form with Ball point pen (Black Ink only)
Application for minor will have to be signed by the guardian. One proposal form is for one individual only.

Sr. No. of Insured Lock (Appearing on the Key)* :

Beneficiary Particulars* : Mr. Mrs. Miss.

First Name* :

Middle Name :

Last Name / Family Name / Surname * :

Date of Birth* :

Gender* : Male Female

House / Flat No *:

Street* :

Area* :

City*:

State* :

Pincode* :

Telephone / Mobile no* :

E-Mail* :

Notice : Filling up of this claim intimation form does not guarantee any person for claim unless terms & conditions of the policy are fulfilled. The details provided by the intended beneficiary may be verified by the insurance company and failure on part of the beneficiary to provide documents certifying the details will result in rejection or cancellation of cover ab initio. Incomplete claim intimation form shall not be accepted for coverage under this policy.

Declaration : I hereby declare and warrant that the above details are true and complete. I agree that this claim intimation form shall form the basis of contract, the insurance shall be effected. Later on if it is found that the details given in the claim form are incorrect or false in any aspect, neither the company nor the insurance company shall incur any liability under this insurance.

Name :

Signature :

Date :