

ZK - 24-25/v1

BUSINESS SECURE Claim Form

Notification of Loss or Damage

(The issuance/acceptance of this form is not to be taken as an Admission of Liability)

POLICY NO: _____

CLAIM NO: _____

(To be entered by Insured)

(For Company Use)

I	Details Of Insured	
	i. Name	
	ii. Address for correspondence	
	iii. Contact Number/ Email ID	
	iv. Occupation of the Insured	
	Please state the sections under which you are making a claim	
		For Fire and Special Perils, Business Interruption (Fire), Burglary & Housebreaking, Electronic Equipments, Machinery Breakdown, All Risk, Baggage, Signage, Plate Glass, Money, Fidelity Guarantee, Employee Compensation, Public Liability, Personal Accident; a supplementary form has to be filled in.
II	Details Of Loss/ Damage	
	Situation of risk where accident/loss/damage occurred Please give the complete address including the unit number or block number	
	Date and time of accident/ loss/ damage/ Incident	
	In the event of loss caused by Burglary, Theft, Fire, Fidelity Guarantee, Liability, GPA which police station has been notified?	
III	Fire And Special Perils, Business Interruption (Fire), Burglary & Housebreaking, Electronic Equipments, Machinery Breakdown, All Risk Insurance Sections	
	Cause of Accident –Please state the Primary Cause of loss	
	Brief circumstances of accident- (with sketch) Please give the full description as to how the loss occurred	
	Names and addresses of witnesses to the accident Also, please give their mobile number and mail ids.	
	Details of items destroyed /damaged. Attach a list of items with nature of damages. Also give, make & model of these equipments	
	Estimates of repairs and replacements (item-wise) Attach a detailed schedule	
	Particulars/Details of component repairers / suppliers (Name, Address, Phone number etc.)	
	Serial No. of property as per Schedule attached to Policy	
	Name of original supplier for machinery, spares etc. damaged and date of supply.	
	Cost of replacement of the item of the same kind, size and capacity	
	Was the damaged item new or second hand?	
	Sum Insured	
	Location of the Property	
	Is there any business interruption anticipated? If so please fill in the FLOP claim form as a supplementary form	

	Date (before this accident) when the machines was last overhauled / attended for maintenance	
	Is there any warranty / guarantee from manufacturer / supplier covering the present loss/damage? If so, details	
	Details of accidents/loss/damage during the past 3 years (whether claim preferred or not)	
	Is the property insured under any other Policy with any other insurer? If so, details	Insurer_____ Policy No _____ Policy Period _____ Sum Insured _____
	Are you getting compensation in respect of the present loss / damage from any other insurance? If so, details.	
	Details of consequential loss / liability, if any, on account of this accident.	
	Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details	
	Have the repair been put in hand? If so give name and address of repairs.	
	Indicate the estimated repair charges and repair time.	
	State salvage value of the damage item.	
	Where can the damaged items to be inspected?	
	Any other particular relevant to the damages.	
	Are there any other insurance affected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details.	
IV	Personal Accident Insurance	
	Name of the insured person who had sustained injury / Died	
	Occupation	
	Age	
	Cause of accident	
	Was the insured person under the influence of intoxicating drugs / liquor	
	Details of injuries sustained	
	Details of treatment	
	Disability Details	
	Sum Insured	
	Police Report details, if any	
	Period of stay in hospital for Hospital cash benefit	
V	Public Liability / Tenant's Legal Liability	
	Date & Time of occurrence	
	Place of accident	
	Brief description of the kind and history of the occurrence	
	When did you first come to know of the accident?	
	When was the accident reported to you?	
	When was the claim first notified to the Insurer?	
	Has any person sustained any injuries in the accident?	
	Occupation	
	State where such person(s) was/were at the time of accident	
	If so, Give name(s) of such Person(s)	
	Address(es)	
	City	
	Pin Code:	
	Has/Have the injured person(s) been removed to hospital or medically attended?	
	If so, give particulars	
	Has the accident/Loss caused damage to property or livestock?	

	Has any claim been made upon you by any person?	
	Estimated amount of Claim separately under each section	
	Has the accident been reported to any authority?	
	If so, state to whom and attach a copy of the report submitted	
	What action, if any, has been taken by the authority?	
	Give details of Statute/Law under which in your opinion, liability may arise	
VI	Fidelity Guarantee	
	Name of the defaulting employee in full	
	His present address	
	Amount of loss sustained	
	Date of discovery	
	How exactly was the act committed	
	In what capacity was the employee working and where?	
	How often were the Account Books/Stock Books at the place of the defaulting employee's employment audited and by whom? When was the last audit done?	
	Have you any moneys, estate, or effects of the employee in your possession? If so, give particulars with amounts.	
	Do you hold any other security from the employee? If so, state its nature and amount.	
	Have you taken any action against the employee? If so, state the nature of action taken.	
VII	Baggage	
	Details of Baggage lost/ damaged	
	Value of the items lost	
VIII	Money	
	Date of discovery of loss	
	What were the places between which money was in transit	
	Where did the loss occur	
	By whom was the loss reported	
	In whose custody was the money at the time of loss	
	Who were the other persons accompanying the person carrying the money	
	Were armed guards accompanying the money	
	Brief details of the exact circumstances leading to the loss	
	How was the money carried	
	By what conveyance was the money carried	
	What was the total amount of money that was being carried	
	Steps taken to recover lost money	
	When did the employees concerned enter your service?	
	Was any one of them involved in a similar loss before?	
	Are you satisfied that the version given by them is correct?	
	Are any of them covered under any Fidelity Guarantee Policy? If so, give details.	
	Do you hold any cash deposit or any security from them?	
	Has the money carrying employee been assaulted during burglary or holdup resulting in death / bodily injury / physical separation of a limb or the loss of an eye or causing him to be prevented from engaging in his usual employment? If so, please provide copy of relevant medical papers / disability certificate / post mortem report, as the case maybe.	
IX	Plate Glass / Signage	
	Address where neon sign / plate glass is situated (Please state the precise position)	

	Size of the plate glass / neon sign broken	
	Cause of breakage	
	Brief description of occurrence	
	Value of items damaged	
X	Directors And Officers Liability	
	Brief Description of the Claim Circumstances	
	When did you receive the notice of Claim?	
	(Kindly provide the copy of the Notice so received)	
	When was the claim first notified to KGICL	
	Details of the insured person against whom the Notice is served?	
	Details of the party(s) who have served notice on the Insured person? (Kindly Attach separate annexure if the space provided is not sufficient)	
	Heads under which the claim is made : (Kindly Attach separate annexure if the space provided is not sufficient)	
	1.	
	2.	
	3.	
	4.	
	Do you wish to provide any additional information with respect to the claim: If yes, please attach the same in annexure	
XI	Employee Compensation	
	Details of the Injured person	
	Name	
	Age and address	
	Occupation	
	Nature of work of the injured person at the time of accident	
	Was the injured person in your direct employment	
	When did you enter the service	
	If not in your direct employment	
	In what capacity was he working at the time of accident	
	Name of the hospital where the injured person was treated	
	Details and period of treatment	
	State the details of Injury	
	Was he under the influence of drink or drugs at the time of accident	
	State due to whose neglect the accident occurred	
	What was the monthly wages that was being paid at the time of accident	

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company, without prejudice, reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

D	D	M	M	Y	Y
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Date:

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Signature and Stamp of the Insured/ Claimant

DIRECT FUND TRANSFER / EFT MANDATE FORM

A)	Would you like to continue with the NEFT details provided in the proposal form for Claim payment?	☐ Yes ☐ No
B)	If No, Kindly provide the below mentioned details	
	• Payee name (as per bank records).....	
	• Payee account no	
	• Type of account : ☐ Saving ☐ Current ☐ Others	
	• Name of the bank.....	
	• Branch Name.....	
	• Address of the bank:	
	• IFSC Code of the bank.....	
	• MICR code of the Bank.....	
	• PAN of the payee:	
	Please attach an Original Blank Cancelled Cheque signed by the payee. (Mandatory)	
	Please attach a PAN Card copy of Payee (mandatory)	

Terms and Conditions for Payments through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Zurich Kotak General Insurance Company (India) Limited shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Zurich Kotak General Insurance Company (India) Limited and/ or within such period as may be reasonably required by Zurich Kotak General Insurance Company (India) Limited to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Zurich Kotak General Insurance Company (India) Limited or any factor beyond the control of Zurich Kotak General Insurance Company (India) Limited.
4. The Customer agrees to indemnify, without delay or demur, Zurich Kotak General Insurance Company (India) Limited and its agents and keep Zurich Kotak General Insurance Company (India) Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Zurich Kotak General Insurance Company (India) Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. Zurich Kotak General Insurance Company (India) Limited may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Zurich Kotak General Insurance Company (India) Limited. The date of notice for Zurich Kotak will be the date of receipt of such notice by Zurich Kotak . The notice of such termination should be given to Zurich Kotak only at its corporate address and be addressed at Zurich Kotak General Insurance, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Zurich Kotak General Insurance Company (India) Limited. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Zurich Kotak to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.
8. Zurich Kotak has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Zurich Kotak General Insurance Company (India) Limited website www.zurichkotak.com or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I/ We further undertake to refund any excess amount whether demanded by Zurich Kotak General Insurance Company (India) Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from the Company of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.

I/ We agree that my/our claim payment will be credited from the date Zurich Kotak General Insurance Company (India) Limited gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Zurich Kotak General Insurance Company (India) Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Zurich Kotak General Insurance Company (India) Limited before the expiry of the notice period of the customer.



Signature of the Account Holder

Zurich Kotak General Insurance Company (India) Limited

(Formerly known as Kotak Mahindra General Insurance Company Limited)

CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com