

**ZK - 24-25/v1**

## Zurich Prime 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:  
(To be entered by Insured)

Claim No:  
(For company use)

#### 1. DETAILS OF INSURED

i)	Name	
ii)	Address for correspondence.	
iii)	Contact Number/ Email ID	
iv)	Occupation of the Insured	
v)	Sum Insured : Section : Property Damage Business Interruption (Fire) Business Interruption (Machinery Breakdown)	

#### 2. DETAILS OF LOSS/ ACCIDENT

1.	Date and time of accident/ loss/ damage	Date: DD / MM/ YYYY Time: ____/ ____
2.	Please give the complete address of loss location including the unit number or block number	
3.	Contact Details of person/s at Loss Location	Name: Relationship with Insured: Contact Details:
4.	Describe Cause of Loss/Damage	
5.	Estimated Loss (Rs.)	

#### WITNESS DETAILS

1.	Were there any witnesses to the loss/accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes'	
2.	Name of Person/s	
3.	Address	
4.	Contact Number/ Email ID	

#### INFORMATION TO AUTHORITY

1.	Has the loss been reported to an Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other
	If 'No', reason for not reporting	
	If 'Yes', provide details	

2.	Name of Authority	
3.	Information Report No/ Authority Reference No. Date	
4.	Contact Person/s	
5.	Address	
6.	Contact Number/ Email ID	

### 3. DETAILS OF OTHER INSURANCE

1.	Is the loss/damage covered under any other Insurance? If 'Yes', specify details and attach a copy of the policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Name of Insurer	
3.	Address	
4.	Contact Number/ Email ID	
5.	Policy No.	
6.	Period of Insurance	
7.	Sum Insured (Rs.)	

### 4. DETAILS OF OTHER INTEREST

1.	Is the Insured the Sole Owner of the property? If 'No', specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Nature of Interest	
3.	Person/s who has/have interest on property	
4.	Address	
5.	Contact Number/ Email ID	

### 5. DETAILS OF BUSINESS INTERRUPTION

1.	Whether any alteration has been made in the nature of business/occupation of premises after inception of Policy? If 'Yes', please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Were the premises occupied at the time of loss? If 'No', un-occupied since	Yes <input type="checkbox"/> No <input type="checkbox"/> Date ____/____/_____ for (specify reason/s) _____
3.	Estimated Loss (Rs.)	
	(a) Period for which the business has been interrupted	
	(b) What is the Standard Turn Over	
	(c) What is the Estimated reduction in turnover	
	(d) What is the estimated loss of gross profit	
	(e) Claim under Extensions	
	(f) What are the steps taken towards bring back to production	
Details of Damage under Property Damage Section under Zurich Prime Policy:		
4.	Name of Insurer	
5.	Address	
6.	Contact Number/ Email ID	
7.	Policy No.	
8.	Period of Insurance	

9. Sum Insured (Rs.)	a) Building b) P&M c) FFF d) Stocks e) Others 1 f) Others 2
10. Occupation of premises at the time of loss:	<input type="checkbox"/> Manufacturing Facility <input type="checkbox"/> Warehouse <input type="checkbox"/> Shop <input type="checkbox"/> Office
11. Estimated Loss Property Damage (Rs.)	a) Building b) P&M c) FFF d) Stocks e) Others 1 f) Others 2
12. Were there any person/organization, in your opinion, responsible for the loss? If 'Yes', please provide details along with contact numbers and address, if available (this information will be used only for investigation of this claim and source will not be divulged to the suspected party)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. What steps have been taken to prevent recurrence of similar incidence?	

**6. DETAILS OF PREVIOUS LOSSES**

Losses during the 3 preceding years			
Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

**7. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', specify	

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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.
- c. 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.
- d. 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.
- e. 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.

Date: 

D	D	M	M	Y	Y	Y
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Place: 

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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 General Insurance will be the date of receipt of such notice by Zurich Kotak General Insurance. The notice of such termination should be given to Zurich Kotak General Insurance 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. Maharashtra, India.
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 General Insurance 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 General Insurance 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 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.
13. 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