



General Claim Form

The company does not admit liability by the issue of this form, it should be completed as fully and accurately as possible and returned immediately.

PLEASE USE CAPITALS TO FILL IN CLAIM FORM

POLICY NO.

INSURED'S NAME:

PHONE:

MOBILE:

EMAIL:

OCCUPATION/BUSINESS:

NATURE OF LOSS OR DAMAGE:

DATE OF EVENT:

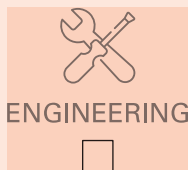
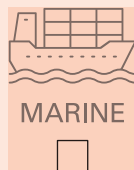
TIME:

AM / PM

WHERE DID THE EVENT OCCUR? (PROVIDE EXACT LOCATION)

DESCRIBE HOW THE INCIDENT OCCURRED:

CLASS OF INSURANCE:



Name(s) and address(es) of person(s), if any responsible:

Have Police been notified? Yes No

Did the Police attend? Yes No

Any bodily injury arising as a result of the accident? Yes No

What is the total value of the property at date of occurrence?

Do you own the property? If no, give name and address of the Owner:

Is there any other insurance on the property? If yes, please provide details:



Property Section

Description of Property Lost or Damaged (State each Article / Item Separately)	When & where Purchased	Purchase Price / Estimated Cost of Repair	Replacement Cost	Amount Claimed	Depreciated / Salvage Value	Amount Payable
Total Amount Claimed						

Bodily Injury Section

Name	Date of Birth	Designation	Basic Salary	Employer	Nature of Injury
Total Amount Claimed					

Declaration – Read carefully before signing

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of loss.

Signature of Insured _____

Date _____

Tokio Marine & Nichido Fire Insurance Co. Ltd.

<p>AGENTS FOR UAE Al Futtaim Development Services Co.LLC PO.Box 152, Office # 302-305, Single Business Tower Business Bay, Sheikh Zayed Road, Dubai, UAE Tel : +971 4 3502 777 • Fax : +971 4 3502 888</p>	<p>BRANCH OFFICE Al Futtaim Development Services Co.LLC PO.Box 51531, Office # 101, Saif Bin Dawrsh Building (RBS Building), Salam Street, Abu Dhabi, UAE Tel : +971 2 643 2290 • Fax : +971 4 643 2294</p>	<p>TOLL FREE: 800TMNF (800-8663) Email: genclaim@tmnf.ae Website: www.tmnf.ae Get Social: @TokioMarineUAE</p>
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