



THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office , New India Building, 87,
Mahatma Gandhi Road, Fort, Mumbai - 400 001

Claim Intimation letter

Intimation No.XXXXXX/XXXX/XXXXX
(Office code/year/Sr. No.)

Loss / Damage Intimation Letter

1. Name of the Insured: _____
2. Correspondence Address: _____

3. Contact No Tel: _____ Mobile No. _____
4. Email ID: _____
5. Policy No.: _____
6. Period of Insurance: _____
7. Vehicle Regd. No. _____
8. Type of Vehicle: _____
9.

Date(DD/MM/YYYY), place and time of loss / damage

10. Brief description of loss/Damage: _____

11. Estimate of Loss: _____

12. Whether TPPI/TPPD is involved with brief details of injuries to Third Party
and / or property damages of Third Party: _____

Signature

Place :

Date & time:

Name of the Person giving intimation