

ENGINEERING (EAR/CAR/CPM) INSURANCE POLICY

Claim Form

| If any detail or information Is not readily available please do not delay the dispatch of this form and such particulars may be sent later. | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------|-----|----|-----|---|---------------------|--------|----------|---------------------------|------------------|------|-----|-------|------|--------|------|---|---|---|
| Policy No. | | | | | | | | | Clo | aim No. | | | | | | | | | | |
| Period of Insurance From | D M | М Ү | Y | YY | То | D | D M | MY | Y | YY |] | | | | | | | | | |
| | | | | | _ | | | | | | | | | | | | | | | |
| A. DETAILS OF INSURED/ | CLAIMAN | | | | | | | | | | | | | | | | | | | |
| 1. Name as per Policy | | | щ | | | | $\perp \perp \perp$ | | <u> </u> | | | | | | | _ | | _ | _ | |
| 2. Address | Plot No/ | Door N | 10. | | | | | | | Buildin | g Name | | | | | | | | | _ |
| | Road | | | | | | | | | Area | | | | | | | | | | |
| | City | | | | | | | | | Pincod | е | | | | | | | | | |
| | State | | | | | | | | | | | | | | | | | | | |
| 3. Contact Details | Phone N | ١٥. | | | | | | | | Mobile | | | | | | | | | | |
| | E-mail la | d | | | | | | | | | | | | | | | | | | |
| 4. Brief Description of Busine Office/Industry/Occupation | | | | | | | | | | | | | | | | | | | | |
| Limits of Indemnity under the Policy (Rs.) | | | | | | | | | | | | | | | | | | | | |
| B. DETAILS OF LOSS/ACC | | | | | | | | | | | | | | | | | | | | |
| B. DETAILS OF LOSS/ACC | IDENT | | | | | | | | | | | | | | | | | | | |
| Details of Loss Date of Loss | DD | M | ΛΥ | Υ | YY | | | | | Time o | f Loss | | : | | ۸.۸ | Λ. / F | ?М. | | | |
| Date of Loss Loss Location | D D | | | Y | YY | | | | | | | | : | | Α.Λ | Λ. / F | ?M. | | | |
| 1. Date of Loss | Plot No/ | | | Y | YY | | | | | Buildin | f Loss g Name | | : | | Α.Λ | Λ. / Γ | P.M. | | | |
| Date of Loss Loss Location | Plot No/ | | | Y | YY | | | | | Buildin Area | g Name | | : | | A.N | Λ. / Γ | P.M. | | | |
| Date of Loss Loss Location | Plot No/Road City | | | Y | YYY | | | | | Buildin | g Name | | : | | Α.Λ | Λ. / F | ?M. | | | |
| Date of Loss Loss Location Address | Plot No/ Road [City [State [| Door N | | Y | YYY | | | | | Buildin Area | g Name | | : | | A.A | Λ. / Γ | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of | Plot No/ Road [City [State [| Door N | | Y | YYY | | | | | Buildin Area | g Name | | | | A.A | Λ. / Ε | ?.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name | Plot No/ Road [City [State [| Door N | | Y | YYY | | | | | Buildin Area | g Name | | | | A.A. | Λ. / Ε | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured | Plot No/ Road [City [State [at Loss Local | /Door N | | Y | YYY | | | | | Buildin Area Pincod | g Name | | | | A.A | A. / F | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name | Plot No/ Road [City [State [at Loss Local Phone N | Door N ation | | | YYY | | | | | Buildin Area | g Name | | | | A.M | A. / F | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured | Plot No/ Road [City [State [at Loss Local | Door N ation | | | YYY | | | | | Buildin Area Pincod | g Name | | | | A.A. | Λ. / F | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe cause of | Plot No/ Road [City [State [at Loss Local Phone N | Door N ation | | | Y | | | | | Buildin Area Pincod | g Name | | | | A.A | Λ. / F | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe cause of Loss/Damage | Plot No/ Road [City [State [at Loss Loca Phone N E-mail la | /Door N ation | | | | | | belong | ging | Buildin Area Pincod | g Name | | | sured | A.A | Λ. / F | P.M. | | | |
| Date of Loss Loss Location Address Contact Details of person/s of Name Relationship with Insured Contact Details Describe cause of Loss/Damage Estimated Loss (Rs.) (a) Construction Plant and | Plot No/ Road [City [State [at Loss Loca Phone N E-mail la | /Door N ation No. | | | | | | | | Buildin Area Pincod | g Name | ctor | Ins | sured | A.A. | Λ. / F | P.M. | | | |

WITNESS DETAILS 1. Were there any witnesses to the loss/accident? No If 'Yes', 2. Name as Person/s 3. Address Plot No/Door No. **Building Name** Road Area City Pincode State 4. Contact Details Phone No. Mobile E-mail Id INFORMATION TO AUTHORITY No 1. Has the loss been reported to an Authority? Yes If 'No', reason for not reporting If 'Yes', provide details Fire Police Municipality Other 2. Name of Authority Date 3. Information Report No./ Authority Reference No. \bigcup R 4. Contact Person/s Plot No/Door No. **Building Name** 5. Address Road Area City Pincode State Phone No. Mobile 6. Contact Details E-mail Id C. DETAILS OF OTHER INSURANCE 1. Is the loss / damage covered under any other Insurance? No Yes If 'Yes', specify details and attach a copy of the policy Name of Insurer Address Plot No/Door No. **Building Name** Road Area City Pincode State Contact Details Phone No. Mobile E-mail Id

Sum Insured

То

Policy Number

Period of Insurance

From

| | D. DETAILS OF OTHER INT | EREST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|-----------|--------|--------|-------|-------|------|-------|-------|------|-----|-------|------|-----|-----|-------|-----|-----|-----|------|-----|-------|----|---|---|---|---|---|---|---|---|---|
| 1. | Is the Insured the Sole Owner | er of the | prope | erty? | | | | | | | | | | | | | | | | | Ye | S | | N | 0 | | | | | | | |
| | If 'No', specify | | | | | | | | | _ | _ | - | _ | _ | | _ | _ | _ | | | | | _ | _ | _ | _ | _ | | | | | |
| | Nature of Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Person/s who has/have interest on property | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | Plot No | o/Dooi | r No | . [| | | | | | | | | | Bu | iildi | ing | Na | me | | | | | | | | | | | | | |
| | | Road | | | | | | | | | | | | | Are | ea | | | | | | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | Pir | nco | ode | | | | | | | | | | | | | | | |
| | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact Details | Phone | No. | | | | | | | | | | | | Mo | obi | le | | | | | | | | | | | | | | | |
| | | E-mail | Id | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E. DETAILS OF DAMAGED F | PLANT/ | WOR | CS/P | ROP | ERT | Υ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Description and Nature of Contract for existing work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | | | | | | | | | | | | | | _ | _ | _ | _ | _ | | _ | _ |
| 2. | Duration of Contract | | Ш | | | | | | | r | non | ths / | yeo | ars | Est | tim | ate | d d | ate | of c | omp | letio | on | D | [| | Μ | Μ | Υ | Υ | Υ | Υ |
| 3. | At what stage was the construction at the time of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | occurrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Will the damaged items be r (please attach an estimate c | | | lace | men | Dep | art | mer | ntall | у | | Ve | endo | or | | Oth | ner | | | | | | | | | | | | | | | |
| 5. | If by Vendor/Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of the firm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | Plot No | o/Door | r No | | | | | | | | | | | Bu | iildi | ing | Na | me | | | | | | | | | | | | | |
| | | Road | | | | | | | | | | | | | Are | ea | | | | | | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | Pir | nco | ode | | | | | | | | | | | | | | | |
| | | State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contact Details | Phone | No. | | | | | | | | | | | | Mo | obi | le | | | | | | | | | | | | | | | |
| | | E-mail | Id | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Will any alterations/improver when repairs are carried out | | e mad | le to | desi | ign/c | ons | struc | tior | n or | ma | teria | I | | | | | | | | Υє | s | | N | 0 | | | | | | | |
| | If 'Yes', specify details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Are existing buildings/proper | rties dar | nageď | l at t | he ti | me o | of o | ccu | rren | ice? | | | | | | | | | | | Ye | S | | N | 0 | | | | | | | |
| | If 'Yes', give details along | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | with estimated value of damages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| F. DETAILS OF PREVIOUS LOSSES |
|-------------------------------------|
| Losses during the 3 preceding years |

| Date of Loss | Claim Description and Cause of Loss | Value of Loss (Rs.) | Insurer |
|--------------|-------------------------------------|---------------------|---------|
| | | | |
| | | | |
| | | | |

| G. | DETAILS OF O | THER INFO | PRMAT | ION | | | | | | | | | | |
|-----------------|-------------------|-------------------------------|-------------------|--------------------|-----------------|--------------------|-------------------|---------|-------|---------------------|----------|-------------|-------|--|
| D | o you wish to pro | ovide any ot | ther info | ormatic | on? | | | | | | | Yes | | No |
| lf | 'Yes', specify | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| DE | CLARATION | | | | | | | | | | | | | |
| agree stater | that if I/We have | e made, or i pression or i | make ir concea | n any fu Iment, | urther my/ou | declar ır claim | ation, shall l | the Com | npany | y may require in re | spect of | the said ac | ciden | nts in every respect; and I/We it, any false or fraudulent void, and all rights to recover there |
| Place | | | | | | | | | | Signature of Insur | ed/Claim | nant —— | | |
| Date: | D D M / | M Y Y | YY |] | | | | | | Name of Insured/ | Claiman | t | | |