

## 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.	Claim No.	٦												
Period of Insurance From	D M M Y Y Y Y To D D M M Y Y Y Y	_												
A. DETAILS OF INSURED/C	_AIMANT													
Name as per Policy														
Address	Plot No/Door No. Building Name	_												
	Road Area	7												
	City Pincode													
	State State													
3. Contact Details	Phone No. Mobile	٦												
	E-mail Id	i												
4. Brief Description of Business		_												
Office/Industry/Occupation														
5. Limits of Indemnity under the Policy (Rs.)														
B. DETAILS OF LOSS/ACCIE	DENT CONTROL OF THE C	R DETAILS OF LOSS/ACCIDENT												
1. Date of Loss	D         D         M         M         Y         Y         Y         Y         Y         M.         A.M. / P.M.													
2. Loss Location														
	Plot No/Door No. Building Name													
2. Loss Location	Plot No/Door No.  Building Name  Area													
2. Loss Location	Plot No/Door No. Building Name													
2. Loss Location Address	Plot No/Door No. Building Name Area City Pincode State													
2. Loss Location	Plot No/Door No. Building Name Area City Pincode State													
Loss Location     Address      Contact Details of person/s at	Plot No/Door No. Building Name Area City Pincode State													
<ul><li>2. Loss Location Address</li><li>3. Contact Details of person/s at Name</li></ul>	Plot No/Door No. Building Name Area City Pincode State													
<ol> <li>Loss Location Address</li> <li>Contact Details of person/s at Name Relationship with Insured</li> </ol>	Plot No/Door No. Building Name Area  City Pincode  State Loss Location													
<ol> <li>Loss Location         Address</li> <li>Contact Details of person/s at         Name         Relationship with Insured         Contact Details</li> <li>Describe cause of</li> </ol>	Plot No/Door No.  Road  Area  City  Pincode  Loss Location  Phone No.  Mobile													
<ol> <li>Loss Location Address</li> <li>Contact Details of person/s at Name Relationship with Insured Contact Details</li> </ol>	Plot No/Door No.  Road  Area  City  Pincode  Loss Location  Phone No.  Mobile													
<ol> <li>Loss Location         Address</li> <li>Contact Details of person/s at         Name         Relationship with Insured         Contact Details</li> <li>Describe cause of</li> </ol>	Plot No/Door No.  Road  Area  City  Pincode  Loss Location  Phone No.  Mobile													
<ol> <li>Loss Location Address</li> <li>Contact Details of person/s at Name         Relationship with Insured         Contact Details</li> <li>Describe cause of Loss/Damage</li> <li>Estimated Loss (Rs.)</li> </ol>	Plot No/Door No.  Road  Area  City  Pincode  Loss Location  Phone No.  Mobile													
<ol> <li>Loss Location         Address</li> <li>Contact Details of person/s at         Name         Relationship with Insured         Contact Details</li> <li>Describe cause of         Loss/Damage</li> <li>Estimated Loss (Rs.)         (a) Construction Plant and Exercises</li> </ol>	Plot No/Door No.  Road  Area  City  Pincode  State  Loss Location  Phone No.  E-mail Id													

## 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	ame													
		Road													Are	ea		de [														
		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																															
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													
_														
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		