

# 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.

Period of Insurance From  D  D  M  M  Y  Y  Y  Y To  D  D  M  M  Y  Y  Y  Y

### A. DETAILS OF INSURED/CLAIMANT

1. Name as per Policy

2. Address

Plot No/Door No.  Building Name

Road  Area

City  Pincode

State

3. Contact Details

Phone No.  Mobile

E-mail Id

4. Brief Description of Business/Office/Industry/Occupation

5. Limits of Indemnity under the Policy (Rs.)

### B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss  D  D  M  M  Y  Y  Y  Y Time of Loss  :  A.M. / P.M.

2. Loss Location Address

Plot No/Door No.  Building Name

Road  Area

City  Pincode

State

3. Contact Details of person/s at Loss Location

Name

Relationship with Insured

Contact Details

Phone No.  Mobile

E-mail Id

4. Describe cause of Loss/Damage \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Estimated Loss (Rs.)

(a) Construction Plant and Equipment \_\_\_\_\_, belonging to  Contactor  Insured

(b) Contract Works \_\_\_\_\_, belonging to  Contactor  Insured

(c) Third Party Property \_\_\_\_\_

**WITNESS DETAILS**

1. Were there any witnesses to the loss/accident?

Yes  No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

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**

1. Has the loss been reported to an Authority?

Yes  No

If 'No', reason for not reporting

If 'Yes', provide details

Fire  Police  Municipality  Other

2. Name of Authority

3. Information Report No./ Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name  
Road Area  
City Pincode  
State

6. Contact Details

Phone No. Mobile  
E-mail Id

**C. DETAILS OF OTHER INSURANCE**

1. Is the loss / damage covered under any other Insurance?

Yes  No

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

Policy Number

Sum Insured

Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

#### D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property?

Yes  No

If 'No', specify

Nature of Interest

Person/s who has/have interest on property

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Contact Details

Phone No.

Mobile

E-mail Id

#### E. DETAILS OF DAMAGED PLANT/WORKS/PROPERTY

1. Description and Nature of Contract for existing work

  

2. Duration of Contract

months / years      Estimated date of completion       D  D  M  M  Y  Y  Y  Y

3. At what stage was the construction at the time of occurrence

  

4. Will the damaged items be repaired?

Departmentally  Vendor  Other

(please attach an estimate of repairs / replacements)

5. If by Vendor/Other

Name of the firm

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Contact Details

Phone No.

Mobile

E-mail Id

6. Will any alterations/improvements be made to design/construction or material when repairs are carried out?

Yes  No

If 'Yes', specify details

  
  
  

7. Are existing buildings/properties damaged at the time of occurrence?

Yes  No

If 'Yes', give details along with estimated value of damages

## 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 OTHER INFORMATION

Do you wish to provide any other information?

Yes  No

If 'Yes', specify

---

---

---

---

## DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place

Date:

Signature of Insured/Claimant \_\_\_\_\_

Name of Insured/Claimant \_\_\_\_\_