

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 To

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 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

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

Signature of Insured/Claimant _____

Date:

Name of Insured/Claimant _____