SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Call (Toll Free)
1800 22 1111 | 1800 102 1111
www.sbigeneral.in

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 — SURNAME MIDDLENAME FIRSTNAME

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 (DD MM YYYY)

4. Contact Person/s — SURNAME MIDDLENAME FIRSTNAME

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 (DD MM YYYY) To (DD MM YYYY)

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: D D M M Y Y Y Y

Signature of Insured/Claimant _____

Name of Insured/Claimant _____