

PRINCIPAL'S ADVANCE LOSS OF PROFITS CLAIM FORM
Notification of Loss or Damage

This form is to be filled in for each occurrence of interruption reported during the project period

(Issuance of this form is not a proof of admissibility of Liability)

	ALOP POLICY NUMBER	
	ALOP POLICY PERIOD	
1	Name and Address of the Insured	
2	Fax No/ Telephone number	
3	Name and E- mail ID of the Contact Person	
4	Address of the project where the claim has occurred	
5	Nature of Business	
6	Name of the Project manager at the plant	
7	When did the material damage/ loss occur?	
8	What was the cause of the loss?	
9	when was the first notice of loss or damage given to the ALOP Insurer?	
10	How many interruptions have occurred during the project period prior to this incident?	
10	Name of the Damaged plant/equipment	
11	ALOP Sum Insured	
12	Period of Indemnity in Months	
13	Time Excess in days	
14	Interruption commencement date	
15	Probable interruption period in days	
16	What percentage of the sum insured is estimated to be affected ?	
17	State the EAR/CAR Policy Number	
18	State the EAR/CAR Policy Period	
19	Loss Minimisation	
20a	is provisional repair possible ?	
20b	If so how long will the repair take?	
20c	is it possible to reduce the period required for repair by using spare parts in stock or by applying any other measures	
20d	If yes please give details	
20e	What other action is being taken to minimise interruption loss?	
21	Cost of interruption	
21a	Estimated loss exclusive of cost for minimising loss	
21b	Is it possible to compensate for the loss of production by increased plant utilisation after the plant is commissioned?	
21c	If So to what extent?	

22	Spoilage	
22a	Will the interruption cause a spoilage loss?	
22b	If so which goods will be affected and to what extent?	
22c	what measures to prevent or minimise spoilage loss has been taken?	
27	Working Periods	
27a	Number of days per year on which the plant is proposed to run?	
27b	Normal working hours?	
28	Is there any other loss of profit insurance you have purchased ?	
28a	if so state the insurer and policy number?	
I/We hereby agree, affirm and declare that:		
a). The statements/information given/ stated by me/us in this claim form are true, correct and complete.		
b). The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.		
c). No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.		
d). If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.		
e). The receipt of this claim form/other supporting/ related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the company reserves the right to process or reject or require further/ additional information in respect of the claim.		
Place:		Date:
Signature:		