

Claim Form
SBI General Surety Bond Bima

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Kindly Note:

- Please read this claim form fully before answering the questions.
- All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form, as soon as possible to us.
- Appointment of legal representatives should not occur without our prior consent.
- Claim Form Applicable to both, Conditional & Unconditional Bonds.

Surety:	_____
Principal:	_____
Project:	_____
Policy/ Bond No.	_____

1.Details of the Insured

Name of the Insured Organization:	_____
Address	_____
City _____ State _____ Pin	
Code _____	
Phone Number : _____ Mobile Number _____ Email _____	
Website URL _____	
Bond Value _____	

2. Complete copy of the contract entered into between the Employer and the Insured (please attach)

- Has the employer entered into a subcontract/purchase order with the Principal; or
- A subcontractor to the bonded principal

Details of Labor and/or materials supplied to the Project are as follows _____

3. _____

4. The date, labor or materials were first supplied to the project: _____

5. The date, labor or materials were last supplied to the project: _____

6. Date(s) of notice(s) of nonpayment/defect/breach to bonded principal (and subcontractor to the bonded principal if applicable) was:

7. Does the contract include a Cure Period. If yes, please specify the following –

- I. The period (no. of days) stipulated as Cure Period under the contract
- II. The exact date the Cure Period came into effect
- III. What steps have been taken to cure the alleged defect/breach

In case the contract does not include a Cure Period then this shall be the time period as specified in the policy schedule.

8. Please provide copies of the following –

An original certificate from an independent Consultant that certify -

- I. The Insured's failure to perform the work stipulated in the contract
- II. The Insured breach of the terms and conditions under the contract
- III. The amount payable under the Contract Bond

9. If the matter has been subjected to court arbitration, then kindly provide a copy of the following –

- I. A certified copy of the award or judgement in favour of the Beneficiary

10. Additionally, please provide CA certified copies of the following –

- I. An up-to-date summary of contract accounting and progress of work completion
- II. An account history reflecting all billings and payments on this project, or an accounts receivable ledger
- III. Any schedules or amended schedules for the performance of your work
- IV. Steps undertaken to mitigate the loss

10. Details of other information:

Do you wish to provide any other information? (Yes) (No), If 'Yes', specify

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:

Insured's Signature with Company Seal:

Date: