Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyvideocon.com



ENGINEERING CLAIM FORM (EAR/CAR/CPM)

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

Important Instructions

Policy Number

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. Please submit the documents as mentioned at the end of this form*.
 c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.
- g. If any detail or information is not readily available, please do not delay the dispatch of this form.

Period of Insi	ırance	d	d	_	m	m	/	<i>y</i> 3	<i>y</i> .	УУ	_ t	0 d	d	/	m	m	/	У	У	У	У														
Claim Numbe	er 📗																																		
A. DETAILS	A. DETAILS OF INSURED/CLAIMANT																																		
Name as per											_																			_				$\overline{}$	T
Address	Policy		+			+	\dashv		+		+			+															\vdash	+	H		+	+	+
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City											Sta	te															F	in (Cod	de					
Contact Num	ber : P	hone	STD	Со	de						No										N	lobi	е	+	9	1									
E-mail ID																													\perp	\perp			\perp		
1. Brief Desc	· 																	\ N4-		in at				2			f:		_	£) C					
2. Is the insu													o-Co	ontra	acto	or L	」 d) Ma	anut	acti	urei	r 🔲	e) \$	Sup	erv	ISO	y fi	rm		†) C	ons	ultir	ıg Er	ngin	eer L
1. Title of Pro	-						,																												
2. General d	escripti	on of	proje	ect																															
3. Location of	f contra	act sit	e																																
C. DETAILS	OF L	oss /	AC	CID	ENT																														
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c) Reason	s for de	elay ir	ı rep	orti	ng th	ne c	lair	n, if	any	/																									
2. Loss Loca	tion																												_	_					
Address			+			_	_		4	_	+	+	-	-		-	-	-											\vdash	+	H		\dashv	+	+
C:t.			+			\dashv	\dashv	+	+		Stat	10	+	\vdash	\vdash	-	\vdash						_					Di			\vdash	\square	+	+	+
City											Sia	ie																PI	пС	ode					
3. Describe I	Nature :	and C	ause	e of	Los	s / I	Dar	nag	е.																										
4. a) Estimat	ed Los	s (Rs.	.) _									b) E	stin	nate	ed s	alva	age	val	ue (Rs.) .									_					
5. a) Date of	arrival	of the	affe	cte	d pr	ope	rty	at th	ne p	roje	ct s	site	d	d]/	m	m]/	У	У	У	У													
b) Describ	e the c	onditi	on o	f th	e sa	me	upo	n a	rriv	al at	the	e site	·																						
6. Is any sec	tion of	work (com	olet	ed /	tak	en d	over	/ p	ut in	nto 1	use k	oy th	ne p	orino	cipa	l?	□ (Yes	s)		(No)												
If 'Yes', wh	ich sed	ction c	of wo	rk d	com	olete	ed .											Dat	te o	f co	mp	letic	n [d	d	/	m	m]/	У	У	У	У		
If 'No', up to what stage of work completed										_	Exp	oect	ed:	Dat	e of	co	mp	letio	on	d	d]/	m	m	/[У	<i>y</i> .	у у							

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7. If machinery damaged, give details below

SI. No.	Description of Machinery	Manufacturer	Year of Manufacture	Identification / Machine / Serial No.	Sum Insured (Rs.)	Date of Erection / Testing / Commissioning		of Expiry / Warranty	Cost of Repair / Replacement (Rs.)						
8.	a) Item No b) Location of the item c) Was the item in use?														
9.	Has any alterat If 'Yes', please	•	ent to design / r	repair been made afte	er inception of	Policy? (Yes)	□ (No)							
10.	State whether t	_		ny guarantee / warra ee / warranty	nty from suppl	ier / manufacturer /	any othe	er agency?	☐ (Yes) ☐ (No)						
11.	Has the affecte If 'Yes', the natu			repairs previously?	☐ (Yes) ☐	(No)									
D	ate of Repair		Nature of R	epair		Parts affected	Cost	of Repair (Rs.)							
12.	Is any supervise If 'Yes', name o			ngaged in project?	☐ (Yes) ☐] (No)									
13.	Is any third part	,	`) 🗆 (No)											
14	Are existing bui	•		v damaged?											
17.	If 'Yes', please	_		-											
D.	IN CASE OF B	URGLARY, PL	EASE PROVI	DE THE FOLLOWIN	G DETAILS										
1. a) Was theft of p	roperty after a	ctual forcible a	nd violent entry into th	ne premises?	☐ (Yes)*	□ (No)								
b) Was theft of p	roperty after a	ctual forcible a	nd violent exit from th	e premises?	☐ (Yes)*	□ (No)								
С) Was there any	y 'hold-up'?				☐ (Yes)*	□ (No)								
d) Was any porti	on of the prem	ises damaged	?		☐ (Yes)*	□ (No)								
е) Was there any	loss of cash f	rom a secured	safe?		☐ (Yes)*	□ (No)								
f	Who had the l	keys to the safe	e or any duplic	ate thereof at the time	e of loss?										
g) Was the loss	discovered at t	he time of stoc	k taking / checking?		☐ (Yes)*	□ (No)								
	*Please provid	le details													
		- (-)													
	re there any wi	•		•	(No) If 'Yes' 1	Name of Person(s)									
	•			: (Tes)			lo								
2															
						Thore is									
IN	FORMATION TO	AUTHORITY													
lf '		ies of correspo	•	☐ Fire Brigade nged with the authori	☐ Police ties	☐ MunicipalityMonth and Date _		bour Autho	rity Others						
If '	No', reason for	not reporting_													
E.	DETAILS OF C	THER INSUR	ANCE												
Is th	ne loss/damage	covered under	any other Insu	urance ☐ (Yes) ☐	☐ (No), I f 'Yes	', specify details and	d attach a	a copy of th	e policy						
	ne of the Insure	r III													
	cy Number														
	iod of Insurance n Insured (Rs.)	d d / m	m / y y y	/	m / y y	УУ									

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F. DETAILS OF O	THER	INTER	EST																									
Is the Insured the Se	s the Insured the Sole Owner of the property? (Yes) (No), If 'No', specify																											
Nature of Interest						, TT		,, 		· 					T		Τ		Т					Т				
Person/s who has/h	ave int	erest c	n prop	erty															\dashv					+				
Address																												
City						State)								_		_	Pi	n C	ode								
Phone STD Code	No. Mo										lobile	+	9	1		-	-		+	-	-							
E-mail ID																												
	s. DETAILS OF PREVIOUS LOSSES sees during the 3 preceding years Date of Loss Nature and Cause of Loss													Value of Loss (Rs.)							Insurer							
 Is there any pros If 'Yes', please at What measures with the property management of the property of t	tach d	etails o	of corres	spondence ize the lo	se exchass?	ange	and a	addr	ess o	f the	financ																	
I/We, 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. I/We, undertake to refund the amount claimed to the event of all or any of the lost items being recovered. I/We, undertake to take all practicable steps to apprehend the guilty person(s) and to recover the property lost. Signature:																												
* INDICATIVE LIS	T OF I	oocui	MENTS	REQUIF	RED FC	OR CL	.AlM	SET	TLEN	1ENT	Γ																	

- 1. Claim Form
- 2. Inventory of Loss
- 3. Record of labour involved in activities related to the claim
- 4. Manufacture's / Repair Agency's Report detailing extent of loss, cause and suggested repair procedure
- 5. Claim Bill with Supporting documents (Original Repair / Replacement Bills)
- 6. If loss / damage is due to "AOG" perils, please submit reports from Meteorological Department / Newspaper cuttings
- 7. Fire Brigade Report in case of fire
- 8. First Information Report and Final Police Report
- 9. Police Report in case of Riot and Strikes, etc.
- 10. No Objection Certificate from the financier if claim is to be settled in your favour
- 11. A copy of contract with complete terms and conditions
- 12. Notice of claim received from a third party (in case of a third party liability involved)
- 13. Letter of Subrogation and Power of Attorney

^{*} Additional documents required by insurer if any, will be intimated to you as and when required