



ENGINEERING CLAIM FORM (EAR/CAR/CPM)

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

Important Instructions

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

Policy Number

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Period of Insurance

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Claim Number

A. DETAILS OF INSURED/CLAIMANT

Name as per policy

Address

City

 State

 Pin Code

Contact Number : Phone STD Code

 No.

 Mobile + 9 1

E-mail ID

1. Brief Description of Business / Office / Industry / Occupation

2. Is the insured : a) Principal ☐ b) Main Contractor ☐ c) Sub-Contractor ☐ d) Manufacturer ☐ e) Supervisory firm ☐ f) Consulting Engineer ☐

B. DETAILS OF CONTRACT (Please attach contract copy)

1. Title of Project : a) Construction ☐ b) Erection ☐

2. General description of project

3. Location of contract site

C. DETAILS OF LOSS / ACCIDENT

1. a) Date of Loss

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 b) Time of Loss

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 A.M. / P.M.

c) Reasons for delay in reporting the claim, if any

2. Loss Location

Address

City

 State

 Pin Code

3. Describe Nature and Cause of Loss / Damage

4. a) Estimated Loss (Rs.) b) Estimated salvage value (Rs.)

5. a) Date of arrival of the affected property at the project site

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b) Describe the condition of the same upon arrival at the site

6. Is any section of work completed / taken over / put into use by the principal? ☐ (Yes) ☐ (No)

If 'Yes', which section of work completed Date of completion

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If 'No', up to what stage of work completed Expected Date of completion

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7. If machinery damaged, give details below

Sl. No.	Description of Machinery	Manufacturer	Year of Manufacture	Identification / Machine / Serial No.	Sum Insured (Rs.)	Date of Erection / Testing / Commissioning	Date of Expiry of AMC / Warranty	Cost of Repair / Replacement (Rs.)

8. Identify the affected item as shown in the policy schedule

a) Item No. _____ b) Location of the item _____ c) Was the item in use? _____

9. Has any alteration/improvement to design / repair been made after inception of Policy? ☐ (Yes) ☐ (No)

If 'Yes', please give details _____

10. State whether the item damage was under any guarantee / warranty from supplier / manufacturer / any other agency? ☐ (Yes) ☐ (No)

If 'Yes', the nature and the period of guarantee / warranty _____

11. Has the affected equipment undergone any repairs previously? ☐ (Yes) ☐ (No)

If 'Yes', the nature of such repairs _____

Date of Repair	Nature of Repair	Parts affected	Cost of Repair (Rs.)

12. Is any supervisor firm / consulting engineer engaged in project? ☐ (Yes) ☐ (No)

If 'Yes', name of the firm / engineer _____

13. Is any third party liability involved? ☐ (Yes) ☐ (No)

If 'Yes', please provide details _____

14. Are existing buildings or surrounding property damaged?

If 'Yes', please give details _____

D. IN CASE OF BURGLARY, PLEASE PROVIDE THE FOLLOWING DETAILS

- Was theft of property after actual forcible and violent entry into the premises? ☐ (Yes)* ☐ (No)
- Was theft of property after actual forcible and violent exit from the premises? ☐ (Yes)* ☐ (No)
- Was there any 'hold-up'? ☐ (Yes)* ☐ (No)
- Was any portion of the premises damaged? ☐ (Yes)* ☐ (No)
- Was there any loss of cash from a secured safe? ☐ (Yes)* ☐ (No)
- Who had the keys to the safe or any duplicate thereof at the time of loss? _____
- Was the loss discovered at the time of stock taking / checking? ☐ (Yes)* ☐ (No)

*Please provide details _____

WITNESS DETAILS (Please attached statement of witnesses)

Were there any witnesses to the loss / accident? ☐ (Yes) ☐ (No), If 'Yes', Name of Person(s)

1. _____ Phone No. _____

2. _____ Phone No. _____

INFORMATION TO AUTHORITY

Has the loss been reported to an Authority? ☐ Fire Brigade ☐ Police ☐ Municipality ☐ Labour Authority ☐ Others

If 'Yes', attach copies of correspondence exchanged with the authorities Month and Date _____

If 'No', reason for not reporting _____

E. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance ☐ (Yes) ☐ (No), If 'Yes', specify details and attach a copy of the policy

Name of the Insurer _____

Policy Number _____

Period of Insurance d d / m m / y y y y to d d / m m / y y y y

Sum Insured (Rs.) _____

Is the Insured the Sole Owner of the property? ☐ (Yes) ☐ (No), If 'No', specify _____

G. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Nature and Cause of Loss	Value of Loss (Rs.)	Insurer

1. Is there any prospect of recovery? ☐ (Yes) ☐ (No)

If 'Yes', please attach details of correspondence exchange of the liable parties

2. What measures were taken to minimize the loss? _____

3. Is the property mortgaged with any financier? If Yes, name and address of the financier

Name _____

Address _____

4. Please provide any other relevant information pertaining to this property and incidence.

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.

Place :

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 Date :

<i>d</i>	<i>d</i>	<i>/</i>	<i>m</i>	<i>m</i>	<i>/</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>
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Signature : _____

Name of Insured / Claimant : _____

* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

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