BHARTI AXA GENERAL INSURANCE COMPANY LIMITED, RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260200. Toll-Free Helpline: 1800-103-2292 E-mail: claims@bharti-axagi.co.in www.bharti-axagi.co.in



## **ERECTION ALL RISKS INSURANCE CLAIM FORM**

As soon as Loss or Damage has become known the company must be notified without o readily available, please do not delay despatch of this report and such particulars may be s	
Policy Number:	
Claim Number:	
Period of Insurance: DIDIMIMIYIYIYIY to DIDIMIMIYIYIYIY	
A. DETAILS OF INSURED/S / PRINCIPA	L
Name:	
Address:	
	Pin code: LLLLLLL
Telephone No:	
E-mail Address:	
Principal to the Contract:	
Address of Principal:	
	T.
Telephone No:	
E-mail Address:	
Name of Sub contractor:	
Address of Sub contractor:	
	Pin code:
Telephone No:	
E-mail Address:	
f Insured is not the sole owner, for the nature of his / their interest in the property and the details of other I	Interests, a separate sheet may be enclosed.
B. LOSS DETAILS	
Fime & Date of loss: (AM /PM) DIDIMIMIYIYIYIY	
Who noticed the loss & when:	
Please attach a statement of the person.	
Circumstances leading to loss and cause:	
Please attach separate sheet, if necessary.	
C. DETAILS OF AFFECTED PROPERTY (Attach a separa	te sheet if necessary)
Contract works/owner's surrounding property	
Item Number of the inventory:	

Sum Insured:	
Description of Machinery:	
Name of supplier:	
Invoice & date of supply D_D_M_M_Y_Y_Y_Y	
Date of landing: DIDIMIMIYIYIYI Was the receipt clean? Yes	No
If receipt was unclean then did you lodge a marine claim and it is pending?	No
When was the material/machine erected?	
When was the equipment/machine cold tested? Cost of replacement of the affected machine by a new machine of the same type & capacity	
Has the affected machine/equipment undergone any repairs previously? If yes the nature of s	uch repairs:
Give the name & address of the workshop where repairs will be carried out Pin code:	
2. Is Third Party Liability involved Yes No If yes, please indicate & attach details TPPI TPPD Both	
D. REPAIR & ESTIMATE DETAILS	
Name & address of the workshop where repairs will be carried out	
Whether loss has been intimated to Fire Brigade Yes No Police Auth fyes, please attach the copies of the reports.	norities Yes No No
F. CAUSE OF LOSS OR DAMAGE	
How did the damage occur? (This question must be answered in detail giving a sketch, wherever possible and support	rted by statement of witnesses)
s any third party involved? (1.In causing the damage to TP property, 2.Affected by the damage/loss)	
G. DETAILS OF OTHER INSURANCES ON AFFECTED PRO	PERTY
H. IN CASE OF ACT OF GOD PERILS, PLEASE ATTACH RELEVAN	NT REPORTS
I. RECOVERY PROSPECTS	
Please inform the recovery prospects and the persons, if known	
/We hereby declare that the above questions have been conscientiously and faithfully answered correctness and completeness of the statement. I/We shall provide any additional information, if nee//We also understand that issue of this form is not to be taken as an admissibility of liability.	and would be liable for the
Date:	
Place:	Signature