



## 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.) \_\_\_\_\_

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