

CLAIM FORM INDUSTRIAL ALL RISK

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

1. INSURED DETAILS

1.	Policy Number:	Claim Number:
2.	Period of Insurance:	
3.	Name:	
4.	Address:	
5.	Contact Number:	Landline:- Mobile:-
6.	E-mail:	

CLAIM DETAILS

2. Section I: Material Damage

Section	Amount of Loss	Description of Loss
1. Fire & Allied Perils		
2. Burglary		
3. Machinery Breakdown		

4. Boiler Pressure Plant		
5. Electronic equipment Insurance		
6. Others		

Section II: Business Interruption (Fire Loss of Profits &/or Machinery Loss of Profits):

Description	Insured Gross Profit	Standing Charges	Indemnity Period (in months)
1. Fire loss of Profit &/or Machinery Loss of Profit			--- pls. specify
a) Loss of Gross Profit(specify days/ months)			
b) Loss of Wages			
c) Lay off & retrenchment			
d) Auditors/Accountants Fees			
e) Loss of Goods Lying at Suppliers Premises			
f) loss due to accidental failure of public electricity/gas/water supply			--- pls. specify

Note 1: Please provide a copy of last three years audited annual accounts and also the quarterly statements for last one year.

Note 2: Please furnish details in a separate attachment for the list of critical machinery, their manufacturers & approximate delivery time. Also attach the process flow chart.

3. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED

1.	Risk Location Address :	
	City :	Pin Code:
2.	What was the premise used for? :	
3.	How were the entry to/exit from the premises affected? :	
4.	Which portion of the premises was affected by the entry or exit? :	
5.	Whether the premises was occupied at the time of loss. If not, at what date and time was it last occupied? :	
6.	Are you the sole owner of:	
	a. The property lost or damaged? :	
	b. The premises? :	
7.	Are you responsible for repair of the premises? :	
8.	State the total value of property upon the premises at the time of loss. :	
9.	State the amount of IAR Insurance upon such property and name & address of the Insurers :	

4. DETAILS OF LOSS:

1.	Date & Time of Loss	
2.	Location of Loss(Complete Address):	

3.	Circumstances and Cause of Loss:				
4.	<table border="1"> <tr> <td>FIR No. (If intimated to Police):</td> <td></td> </tr> <tr> <td colspan="2">If intimated to Fire Brigade, Report No. (If Applicable):</td> </tr> </table>	FIR No. (If intimated to Police):		If intimated to Fire Brigade, Report No. (If Applicable):	
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5. DETAILS OF PREVIOUS LOSS:

Sr.	Date of Loss	Amount of Loss	Policy No. & Name of Insurance Company
1.			
2.			

6. DETAILS OF OTHER INSURANCES AND CO-INSURANCES, IF ANY:

Sr.	Name of the Company	Policy Number	Sum Insured (INR)
1.			
2.			
3.			

7. ESTIMATE OF LOSS:

Sr.	Description of Items	Type of Loss	Amount of Loss (INR)
1.			
2.			
3.			

I/ We, undersigned confirmed that the above given details are true & correct to the best of my knowledge.

Date:

Place:

Signature of the Insured