

ERECTION ALL RISK CLAIM FORM

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

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____
 Address : _____

 City : _____ State : _____ Pin : _____
 Phone Number : _____ Mobile Number : _____
 Email ID : _____

B. DETAILS OF LOSS / ACCIDENT:

Date and time of Occurrence	
Location where the loss occurred	
Details of Damages	
(a) Insured Property	
(b) Third Party Property	
Cause of Loss in detail	
Is any third party responsible for damage? If any, please provide the details	
Is there any possibility of recovery	
Have you intimated the accident to Police / Fire Brigade? If yes, furnish the details	

C. DETAILS OF DAMAGE :

How did the damage occurred (Please attach sketch & photos)	
How the repairs will be carried out	
Please state the details of the parts to be replaced	
Estimated cost of repairs (both parts and labour)	
Please provide the details of repairs	
(a) In house repairs	Yes / No
(b) Outside repairer – Provide the full details	
Details of manufacturer's warranty / guarantee.	
Whether the affected was undergoing any testing?	

D. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	
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E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place:

Signature of the Insured

Date:

(Seal is mandatory for companies)