

Contractors Plant and Machinery Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No. Claim No.
Date of Registration Area Office Code/Service Centre Code
Broker/Agent Name Code

Section 1 - Insured Details

1. Name of the Insured
2. Customer ID
3. Address of the Insured
Plot No./Flat No. Building name
Road
Area
City Pin Code
State
Phone No. E-mail Id
UID Aadhar No. PAN No.
Profession/Occupation ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
Monthly Income: ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

Section 2 - Details of the loss occurred

4. a) Full description of the plant and machinery which was damaged

b) Item number in the policy schedule

c) Value of the damaged plant/machinery

5. Date & time of loss: Date: Time: AM / PM
6. Name of the person(s) if any who witnessed the occurrence

7. Details of damage sustained

8. Cause of Damage

9. State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer. ☐ Yes ☐ No

If so, state the nature of guarantee and guarantee period.

10. Did the plant/machinery in question suffer any earlier damage due to accident? ☐ Yes ☐ No

If so, give particulars with details of repairs executed?

11. In which section and for what purpose was the plant/machinery being used at the time of damage?

12. Have the repairers commenced repairs? ☐ Yes ☐ No

If so, Give the name and address of the repairers.

13. State nature of repairs and particulars of replacement of parts required.

14. Estimate of the cost of repairs / replacement (Any major repairs are to be executed only with prior consent and approval of the company)

15. State salvage value on the damaged items.

16. Where can the damaged items be inspected?

17. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof? ☐ Yes ☐ No

18. Please give any other particulars relevant to the damage.

Section 3 - Bank Details

Would you like to opt for NEFT payment? ☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City

State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

Declaration by Insured

I/We hereby declare that the statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

Date: | d | d | m | m | y | y | y | y |

Place: _____

Signature of Insured