Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyvideocon.com



ENGINEERING CLAIM FORM (EAR/CAR/CPM)

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

Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. Please submit the documents as mentioned at the end of this form*.
 c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.
- g. If any detail or information is not readily available, please do not delay the dispatch of this form.

Period of Insurance d d / m m / y y y y to d d / m m	/ y y y y												
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												
	a y mandadarer a cycaper visory iiiii a iy consulang Engineer a												
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 ddd/mm//yyyyy	ss h h : m m A.M. / P.M.												
c) Reasons for delay in reporting the claim, if any													
2. Loss Location													
Address													
City State	Pin Code												
Describe Nature and Cause of Loss / Damage													
4 a) Estimated Lags (Pa.)	are value (Da)												
4. a) Estimated Loss (Rs.) b) Estimated salv													
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	al? ⊔ (Yes) □ (No)												
If 'Yes', which section of work completed	Date of completion												
If 'No', up to what stage of work completed	Expected Date of completion												

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7. If machinery damaged, give details below

		J, J							
SI. No.	Description of Machinery	Manufacturer	Year of Manufacture	Identification / Machine / Serial No.	Sum Insured (Rs.)	Erection / resting /	Date of of AMC /	Expiry Warranty	Cost of Repair / Replacement (Rs.
			aidaid		()	Commissioning			
\dashv									
\dashv									
	Identify the affe		•	•					
	a) Item No		b) Locat	on of the item		c) Was the	item in use	e?	
	Has any alterat			repair been made aft	er inception of	Policy? (Yes)	□ (No)		
	State whether t			ny guarantee / warra ee / warranty	nty from supp	lier / manufacturer /	any other	agency?	☐ (Yes) ☐ (No
	Has the affecte If 'Yes', the natu			repairs previously?	□ (Yes) □	(No)			
	ate of Repair	<u> </u>	Nature of R	epair		Parts affected		Cost	of Repair (Rs.)
				1				3030	(101)
_									
	Is any supervise If 'Yes', name o			engaged in project?	☐ (Yes) ☐	(No)			
	Is any third part								
	Are existing bui	Ü	0	y damaged?					
	ii res , piease	give details _							
D.	IN CASE OF B	URGLARY, PI	LEASE PROV	DE THE FOLLOWIN	G DETAILS				
l. a) Was theft of p	roperty after a	ctual forcible a	nd violent entry into t	he premises?	☐ (Yes)*	□ (No)		
b)) Was theft of p	roperty after a	ctual forcible a	nd violent exit from th	ne premises?	☐ (Yes)*	☐ (No)		
C)) Was there any	/ 'hold-up'?				☐ (Yes)*	□ (No)		
ď) Was any porti	on of the prem	ises damaged	?		☐ (Yes)*	□ (No)		
) Was there any					☐ (Yes)*	☐ (No)		
				ate thereof at the tim	e of loss?				
g) Was the loss	discovered at t	the time of stoc	k taking / checking?		☐ (Yes)*	□ (No)		
	*Please provid	e details							
W	ITNESS DETAIL	.S (Please atta	ched statemen	t of witnesses)					
We	ere there any wi	tnesses to the	loss / accident	?	(No), If 'Yes',	Name of Person(s)			
1.						Phone I	No		
2.						Phone I	No		
						7 110116 1			
INF	ODMATION TO	AUTHORITY							
	-ORMATION TO				☐ Police	☐ Municipality	Lab	our Autho	rity Others
На	s the loss been	reported to an	Authority?	☐ Fire Brigade					
	s the loss been	•	•	☐ Fire Brigade nged with the author		Month and Date			
lf "	s the loss been	ies of correspo	•			Month and Date			
If "	s the loss been Yes', attach cop No', reason for	ies of corresponding	ondence excha			Month and Date			
If "I	s the loss been Yes', attach cop No', reason for DETAILS OF C	ies of corresponding of reporting	ondence excha	nged with the author	ities				
If "I	s the loss been Yes', attach cop No', reason for	ies of corresponding of reporting	ondence excha	nged with the author	ities	Month and Date			
If " If 'I E. s th	s the loss been Yes', attach cop No', reason for DETAILS OF Cope le loss/damage ne of the Insure	ies of corresponder reporting THER INSUR covered under	ondence excha	nged with the author	ities				
If "I E. Is th Nam Polic	s the loss been Yes', attach cop No', reason for DETAILS OF C e loss/damage	ies of corresponder reporting THER INSUR covered under	ANCE r any other Insu	nged with the author	□ (No), If 'Yes				

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F. DETAILS OF OT	THER	INTER	EST																							
Is the Insured the So	ole Ow	ner of	the pro	perty?	· 🗆 ((Yes)	□ (I	No), I	lf 'No	', sp	ecif	y														
Nature of Interest									П											Т		T				
Person/s who has/ha	ave int	erest c	n prop	erty												1	\top			\dagger						
Address																										
										_						4	_								_	
City						Sta	ate	_	\vdash	+	N4-	.1-31-		_		_	+	+	Pi	n C	ode	-				
Phone STD Code E-mail ID				No.			+			_	IVIC	bile	+	9	1	+	+	-		+		+			_	_
L-IIIali ID																										
G. DETAILS OF PI	REVIC	OUS LO	DSSES																							
Losses during the 3	prece	ding ye	ears																							
Date of Loss			N	ature a	and Ca	use of	Loss						V	alu	e of	Los	s (R	s.)				ln	sur	er		
																	\perp									
II DETAILS OF O	THED	INFO	OMATI	ON																						
H. DETAILS OF O	IHEK	INFOR	KWATI	ON																						
1. Is there any prosp			•	`	,	` ′		ا ما	ماما ماما																	
If 'Yes', please att	acriue	etalis C	or corre	sponde	ence e	xcriang	e or t	ne na	inie h	artie	25															
2. What measures v	vere ta	aken to	minim	ize the	loss?																					
3. Is the property mo	ortgag	ed with	n any fi	nancie	r? If Ye	es, nan	ne an	d add	dress	of t	he f	inanc	cier													
Name																										
Address																										
4. Please provide an	v othe	r relev	ant info	ormatic	n pert	ainina 1	to this	s proi	perty	and	inc	idenc	e.													
4. I loude provide an	y out	1 1010 1	arre irri	Jimatic	л роги	allillig	.0	, pro	Jorty	unu	1110	idonic														
I/We, do hereby, to the	he bes	st of m	y/our k	nowled	lge and	d belief	, warı	rant t	he tr	uth d	of th	e for	egoi	ing	stat	eme	ents	in e	ery r	esp	ect;	and	I/W	e ag	ree	that
if I/We have made, or statement, or any su																										
recover there under												rreite	u, a	ma	ıne	POII	cy s	nali	be nu	II a	na v	oia, i	anu	all fi	gnis	5 10
I/We, undertake to re	efund 1	the am	ount c	aimed	to the	event (of all o	or an	v of t	he lo	ost i	tems	bei	na	reco	ver	ed.									
I/We, undertake to ta									•					Ü				lost.								
,							J	<i>,</i> ,		()							j									
Place :							Sign	nature	e :																	
Date: d d / n	n m	/ y	у у	У			Nan	ne of	Insu	red /	Cla	aimar	nt :_													
* INDICATIVE LIST	T OF F	OCUI	MENITO	PEO	IIDED	EOD (⊃L A II	VI CE	TTLE	- NA C	MT															

- 1. Claim Form
- 2. Inventory of Loss
- 3. Record of labour involved in activities related to the claim
- 4. Manufacture's / Repair Agency's Report detailing extent of loss, cause and suggested repair procedure
- 5. Claim Bill with Supporting documents (Original Repair / Replacement Bills)
- 6. If loss / damage is due to "AOG" perils, please submit reports from Meteorological Department / Newspaper cuttings
- 7. Fire Brigade Report in case of fire
- 8. First Information Report and Final Police Report
- 9. Police Report in case of Riot and Strikes, etc.
- 10. No Objection Certificate from the financier if claim is to be settled in your favour
- 11. A copy of contract with complete terms and conditions
- 12. Notice of claim received from a third party (in case of a third party liability involved)
- 13. Letter of Subrogation and Power of Attorney

^{*} Additional documents required by insurer if any, will be intimated to you as and when required