SHRIRAM GENERAL INSURANCE
be insured.... rest assured

Contractor's Plant & Machinery Insurance Claim Form

The issue of this form is not an admission of liability. Please fill in all columns of the claim form. Attach Separate Sheet if the space is not sufficient.

A. Insured Details:

1.	Name:	
2.	Address:	
3.	Occupation:	
4.	Policy Number:	
5.	Period of Insurance:	From To
6.	Contact Number:	Landline:- Mobile:-
7.	E-mail:	
8.	Name of the Bank:	
9.	Saving / Current A/C No:	

B. Particulars of Accident:

1.	Date & Time of occurrence:		
2.	What is the Cause of the damage?		
3.	State the site where the damage occurred and name of the nearest Railway Station		
4.	Give the details of the damage:		
	(a)	to Contract Works	
	(b)	to Construction Plant & Equipment	
	(c)	to Property belonging to Third Parties	

C. Details of the Damaged Section/ Works:

1.	How did the damage occur and what was its probable cause?(attach sketches, photos, etc)	
2.	How will the damaged items be repaired? Give name and address of the workshop where repair will be carried out.	
3.	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	

D. Details of Other Insurances and Co-Insurances, if any:

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

E. **Details of Previous Loss:**

Sr.	Date of Loss	Amount of Loss	Name of Insurance Company
1.			
2.			

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

Place:

Date: Signature of Insured