

Future Generali India Insurance Company Limited

# **BOILER AND PRESSURE PLANT INSURANCE**

## **CLAIMS FORM**

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

Note: The completion and return of this form to the Company should not be delayed if any of the particular required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

Policy Number																						
Claim Number								]														
INSURED DETAI	LS																					
1. Name of the Prop	poser (i	in full	):																			
2. Address of the P	ropose	r:	l				ı															
State											Pin code											
Mobile	$\downarrow$						La	andl	ine									<u> </u>				
Email								Ļ	<u> </u>		Ļ				Ļ	Ļ			Ļ	Ļ		<u> </u>
*Please note that be updated in ab					will b	e di	spat	iche	d to	the	add	ress	me	ntio	ned	abo	ve.	This	ado	ires	s wi	i <b>l</b>
3. Bank Details:	ove me	inuon	eu po	леу.																		
Bank																						
Name	$\square$		⊢	$\square$																		ļ
Branch																						ļ
Type of A/c				A/c n	10																	
Pan No																						
IFSC Code									M	ICR	e											
·	<u> </u>																					
DETAILS OF AC																						
4. Date and time of occurrence:																						
D D M M Y Y H H M M AM/PM																						
5. State risk site where the damage occurred																						
5. State Hisk Site wi		, uum	uge o	iccui i	leu																	
6. Please provide by	riof dot	toile o	 f don																			-
a. Contract			i uan	lage																		
b. Construc	tion pl	ant, N	Iachi	inery	& Eq	luib	men	ıt														
c. Third Pa	arty Pr	opert	y																			
Claim Form_ Boiler and P	ressure P	lant Ins	surance			UIN:	IRI	DAN I	132C	P001(	)V022	2007	08 1						 Pi	age 1	3	



- 7. Please provide cause of loss/ damage
- 8. Is any third party responsible for the damage? □ YES □ NO If YES, please state details
- 9. Is FIR filled with police authorities? □ YES □ NO If YES, please provide details

#### **DETAILS OF DAMAGE**

10. Whether property affected was undergoing testing? 
VES 
NO

- 11. How did the damage occur and what was its probable cause? (attach sketches, photos, etc)
- 12. How far had the construction of the damaged item (s) progressed at the time of the occurrence of damage
- 13. How will the damaged items be repaired
- 14. Will any alterations or improvements be made to design, construction or material when repairs are carried out

 $\Box$  YES  $\Box$  NO

- 15. Give name & address of witness to the occurrence
- 16. Are existing buildings / surrounding properties damaged? If Yes, give details
  □ YES □ NO
- 17. Is any third party affected by the accident? If Yes, state details
  □ YES □ NO
- 18. What are the estimated costs for repair of damage
- **19.** Details of loss or damage under other section (s) of the policy.

# MISCELLNEOUS DETAILS

20. Give details of other Insurance, if any, covering the present loss



## 21. Give details of previous Claims, if any, on the project

### 22. Do you wish to reinstate the Policy? VES NO

#### DECLARATIONS

I/We agree to provide any additional information to the Company, if required, in relation to the loss or damage. I/We, the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement(s) and document(s) in every respect, and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss/damage, any false or fraudulent statement, or any suppression or concealment of any fact deemed material, my/our claim shall be absolutely forfeited, and the Policy shall be void without any refund of premium, and all rights to recover there under in respect of past or future loss/damage shall be forfeited.

Date: \_\_\_\_\_

Place:\_\_\_\_\_

Signature Of Insured: Name of Insured/Claimant: