

b. Construction plant, Machinery & Equipment

c. Third Party Property

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? YES 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

YES 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? YES 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:

*****END*****