

ERECTION ALL RISK INSURANCE

CLAIMS FORM

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

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number				
Claim Number				

INSURED DETAILS

1. Name of the Proposer (in full):

2. A	ddre	ess o	of th	e Pr	opo	ser:															
	Sta	te													Pi	n co	de				
	Mobile		Landline																		
	Em	ail																			

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

3. Bank Details:

Bank													
Name													
Branch													1
Type of A/c	I	A/c no)										
Pan No													
IFSC Code					M	ICR	cod	le					

	DETAILS OF ACCIDENT												
4.	Date and time of occurrence:							_					_
		D	D	Μ	Μ	Υ	Υ		Η	Η	Μ	Μ	AM/ PM

5. State risk site where the damage occurred

6. Please provide brief details of damage to :



- a. Insured Property
- b. 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
- Were the Police authorities or Fire Brigade informed? □ YES □ NO If YES, please provide details

DETAILS OF DAMAGE

- 10. Whether property affected was undergoing testing?
 VES
 NO
- 11. How will the damage be repaired??
- **12.** Please state the details of the part (s) to be replaced (Please attach separate sheet)
- 13. Please provide estimated cost of repairs, pls. provide breakup of cost (parts & labour)
- 14. How did the damage occur(please attach Sketches & photographs
- 15. Please provide details of repairs:
 - a. Carried out in house \Box YES \Box NO
 - b. outside repairer, □ YES □ NO
 - c. Please give full particulars

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UIN: IRDAN132CP0006V01201920



- 16. Please give details of Manufacturers Warranty/ Guarantee
- **17.** Details of loss or damage under other section (s) of the policy

MISCELLNEOUS DETAILS

- **18.** Give details of other Insurance, if any, covering the present loss
- 19. Give details of previous Claims, if any, on the project

20. 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:

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