

CONTRACTORS ALL RISK INSURANCE (RETAIL) CLAIM 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																								
Cla	aim Number																							
1	INSURED DET	AILS																						
1.	Name of the P	ropose	r (in	full)	:	1	1												1					
2	Address of the	Prope	sor																					
4.	Address of the	TTOPC	501.																			, , , , , , , , , , , , , , , , , , ,		
						_																		
	State														Pi	n co	de							
	Mobile								L	Landli		ine												
	Email																							
	*Please note th	nat clai	im ch	neque	e (if ar	ny) v	vill b	e di	ispa	tche	d to	the	add	ress	me	ntio	ned	abo	ve. '	This	ado	lres	s wi	11
	be updated in								-															
3.	Bank Details:		1 1			-	-	1	1	1							1	1	-	1		,		1
	Bank																							
	Name Branch															-					-			
	Type of																							
	A/c				A	c no)																	
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	IFSC									МІСТ			.											
	Code									MICR				code										
		0.075																						
	DETAILS OF A Date and time																							
4.	Date and time		urrei	nce:	D	D	Μ]	M	Y	Y	7		Η		H	Μ	Ι	M	AN	1/ P 2	М		
5.	State risk site	where	the d	lama	ge occ	curre	ed	-																
6.	Please provide	brief	detai	ls of	dama	ge to):																	_
	a. Contra	ict Wo	rks																					
	b. Constr	ruction	plar	nt, Ma	achino	ery &	& Eq	quip	mer	nt														-

c. Third Party Property

UIN: IRDAN132RP0006V02200708



- 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
 - \Box YES \Box 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

Claim Form_ Contractors All Risk Insurance Future Generali India Insurance Company Limited UIN: IRDAN132RP0006V02200708



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:

UIN: IRDAN132RP0006V02200708