

# **ERECTION ALL RISK INSURANCE (RETAIL) 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**

Name of the Proposer (in full): 1. 

A	ddre	ess o	f th	e Pr	opo	ser:														
	Stat	te												Pi	n co	de				
	Mo	bile								La	ndl	ine								
	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:

2.

A	/c no	)														
						MICR code										
			A/c no	A/c no	A/c no	A/c no										

**DETAILS OF ACCIDENT** 

Date and time of occurrence: 4.

D	Μ	Μ	Υ	Y

Y	Y	Η

Η

Μ

AM/ PM Μ

5. State risk site where the damage occurred

D

- 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
- 9. 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

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? 
  YES 
  NO

Claim Form\_ Erection All Risk Insurance (Retail) Future Generali India Insurance Company Limited UIN:(IRDAN132RP0005V02200708)

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#### 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: