

**SURETY BOND INSURANCE  
CLAIM FORM**

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by Future Generali India Insurance Company Limited.*

*Do not dispose off or destroy damaged property without consent of surveyor/ Future Generali Total Insurance Solutions.*

Risk Code (For office use) \_\_\_\_\_

<b>A. The Insured</b>	
Name	
Address	
Tel No.	Office.....                      Mobile..... Email.....
<b>B. Policy Details</b>	Policy No. ....  Policy Type ( Conditional/Unconditional )  Period of Insurance..... to .....
<b>C. Loss Details</b>	Date..... Time.....am/pm..... Date/Time Discovered.....By whom..... Location/Address of Loss..... City..... Pin Code..... State..... Premises occupied as Describe fully circumstances of Loss, how it happened, what caused the Loss .....

<b>Estimated amount of loss - To be provided by Obligee(Project Owner)</b>	1.Loss Damage (Please provide break-up)
<b>D. General</b>	<p>1. Under which section of the policy Claim is preferred?</p> <ul style="list-style-type: none"> <li>A. Bid Bond</li> <li>B. Advance Payment Bond</li> <li>C. Performance Bond</li> <li>D. Retention Money Bond</li> </ul> <p>.....</p> <p>2. How long the business relationship is there between Project Owner ( Obligee ) and Contractor?</p> <p>.....</p> <p>2. a Has there been any other instance of default since relationship started? (Yes/No) If Yes Details</p> <p>.....</p> <p>3. Contract/agreement copy of the works given to Contractor</p> <p>.....</p> <p>4. Whether all contracts given to single Contractor? Yes/No If Yes Details</p> <p>.....</p> <p>5. Are there any loss/damage due to Fire/Short Circuit Yes/No If Yes,please attach a legible copy of FIR/Fire Brigade Report Details</p> <p>.....</p>

6. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God

If Yes  
Details

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7. Is there any other insurance in force providing cover for this loss or damage?

If Yes  
Details- please provide name of Insurer(s), policy no. and copy of Policy

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8. Have you ever suffered a loss or damage in the past?

If yes, please provide name of Insurer(s), policy no. and copy of Policy

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9. Did you take any measures to minimize the loss?

If yes, please provide details of the same.....

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10. Are there any steps taken to prevent a reoccurrence?

(Yes/No)

If yes, please provide details (please attach separate sheet if required).....

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11. Was there another person/organization, in your opinion, responsible for the loss or damage?

(Yes/No)

If yes, please provide name, address & phone no.

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12. Was there any witness (es) to the incident?

(Yes/No)

If yes, please provide name, address, and phone no. and enclose statement from the witness.....

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	13. Any legal notice(s) given to the Contractor (Yes/No) If yes, Details and the revert provided by the
	14. Lawyers appointed in case of any legal notices served (Yes/No) If yes, Details
	15. Details of following documents: - a) Copies of BOQs, b) Running Bills, c) Payments received, d) Payments outstanding
	16. Any other details ..... .....

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: \_\_\_\_\_

Date:

Company's stamp