

ENGINEERING CLAIM FORM (EAR/CAR/CPM)

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- a. Claim Form to be filled in capital letters and signed by the Insured.
- b. Please submit the documents as mentioned at the end of this form*.
- c. Please do not leave any column unanswered. Mention "N/A", if not applicable.
- d. Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- e. Preserve any damaged or defective property or parts for inspection by the surveyor.
- f. Hold liable in writing any third parties believed to have caused loss / damage.
- g. If any detail or information is not readily available, please do not delay the dispatch of this form.

Policy Number - - - - -

Period of Insurance / / to / /

Claim Number

A. DETAILS OF INSURED/CLAIMANT

Name as per policy

Address

City State Pin Code

Contact Number : Phone STD Code No. Mobile + 9 1

E-mail ID

1. Brief Description of Business / Office / Industry / Occupation _____

2. Is the insured : a) Principal b) Main Contractor c) Sub-Contractor d) Manufacturer e) Supervisory firm f) Consulting Engineer

B. DETAILS OF CONTRACT (Please attach contract copy)

1. Title of Project : a) Construction b) Erection

2. General description of project _____

3. Location of contract site _____

C. DETAILS OF LOSS / ACCIDENT

1. a) Date of Loss / / b) Time of Loss : A.M. / P.M.

c) Reasons for delay in reporting the claim, if any _____

2. Loss Location

Address

City State Pin Code

3. Describe Nature and Cause of Loss / Damage _____

4. a) Estimated Loss (Rs.) _____ b) Estimated salvage value (Rs.) _____

5. a) Date of arrival of the affected property at the project site / /

b) Describe the condition of the same upon arrival at the site _____

6. Is any section of work completed / taken over / put into use by the principal? (Yes) (No)

If 'Yes', which section of work completed _____ Date of completion / /

If 'No', up to what stage of work completed _____ Expected Date of completion / /

7. If machinery damaged, give details below

| Sl. No. | Description of Machinery | Manufacturer | Year of Manufacture | Identification / Machine / Serial No. | Sum Insured (Rs.) | Date of Erection / Testing / Commissioning | Date of Expiry of AMC / Warranty | Cost of Repair / Replacement (Rs.) |
|---------|--------------------------|--------------|---------------------|---------------------------------------|-------------------|--|----------------------------------|------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

8. Identify the affected item as shown in the policy schedule
 a) Item No. _____ b) Location of the item _____ c) Was the item in use? _____

9. Has any alteration/improvement to design / repair been made after inception of Policy? (Yes) (No)
 If 'Yes', please give details _____

10. State whether the item damage was under any guarantee / warranty from supplier / manufacturer / any other agency? (Yes) (No)
 If 'Yes', the nature and the period of guarantee / warranty _____

11. Has the affected equipment undergone any repairs previously? (Yes) (No)
 If 'Yes', the nature of such repairs _____

| Date of Repair | Nature of Repair | Parts affected | Cost of Repair (Rs.) |
|----------------|------------------|----------------|----------------------|
| | | | |
| | | | |

12. Is any supervisor firm / consulting engineer engaged in project? (Yes) (No)
 If 'Yes', name of the firm / engineer _____

13. Is any third party liability involved? (Yes) (No)
 If 'Yes', please provide details _____

14. Are existing buildings or surrounding property damaged?
 If 'Yes', please give details _____

D. IN CASE OF BURGLARY, PLEASE PROVIDE THE FOLLOWING DETAILS

- 1. a) Was theft of property after actual forcible and violent entry into the premises? (Yes)* (No)
- b) Was theft of property after actual forcible and violent exit from the premises? (Yes)* (No)
- c) Was there any 'hold-up'? (Yes)* (No)
- d) Was any portion of the premises damaged? (Yes)* (No)
- e) Was there any loss of cash from a secured safe? (Yes)* (No)
- f) Who had the keys to the safe or any duplicate thereof at the time of loss? _____
- g) Was the loss discovered at the time of stock taking / checking? (Yes)* (No)

*Please provide details _____

| WITNESS DETAILS (Please attached statement of witnesses) | |
|--|---|
| Were there any witnesses to the loss / accident? | <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes', Name of Person(s) |
| 1. _____ | Phone No. _____ |
| 2. _____ | Phone No. _____ |

| INFORMATION TO AUTHORITY | |
|--|---|
| Has the loss been reported to an Authority? | <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Labour Authority <input type="checkbox"/> Others |
| If 'Yes', attach copies of correspondence exchanged with the authorities | Month and Date _____ |
| If 'No', reason for not reporting _____ | |

E. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance (Yes) (No), If 'Yes', specify details and attach a copy of the policy

Name of the Insurer _____

Policy Number _____

Period of Insurance

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|

Sum Insured (Rs.) _____

