

Contractors All risk Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the completed form within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No. Claim No.
Date of Registration Area Office Code/Service Centre Code
Broker/Agent Name Code

Section 1 - Insured Details

1. Name of the Insured
2. Customer ID
3. Address of the Insured
Plot No./Flat No. Building name
Road
Area
City Pin Code
State
Phone No. E-mail Id
UID Aadhar No. PAN No.
Profession/Occupation ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
Monthly Income: ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

Section 2 - Details of the loss occurred

4. Date & time of loss : Date: Time: AM / PM
5. State the site where the damage occurred? Name the nearest Railway station.

6. Full description of the damaged property
a) Property constructed /under construction on site

b) Property belonging to third party

7. What was the cause of damage? (eg. Defective materials, faulty design etc.). Give particulars of parts concerned.

8. If damage occurred during testing, if any, when did the testing commence?

9. Is any one responsible for the damage? Is there any possibility of recovery?

10. By whom was the accident witnessed?

11. State where the damaged item can be inspected should the company desires to do so?

12. How will the damage be repaired? (Please state in detail, whether any parts must be replaced; give weight and value of damaged parts.)

13. What is the estimated amount of loss/damage?

14. How did the damage occur? Please give in detail a sketch, wherever possible supported by statements of witness.

15. What is the salvage or scrap value of the damaged parts to be replaced?

16. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof, where you are entitled to recover in respect of above loss or damage?

17. Do you wish to carry out repair yourself? (or) Do you wish to entrust repairs to another firm (state the name of the firm and details)

18. Please give any other particulars relevant to the damage.

Section 3 - Bank Details

Would you like to opt for NEFT payment? ☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City

State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

Declaration by Insured

I/We hereby declare that the statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

Date: | d | d | m | m | y | y | y | y |

Place: _____

Signature of Insured