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# ENGINEERING (EAR/CAR/CPM) INSURANCE POLICY

# **Claim Form**

If any detail or information Is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

	icy No.	D M M	Y Y	Y Y	Y ·	То	D D	M	MY	Clai Y	im No. YYY									
	A. DETAILS OF INSURED/CI	LAIMANT																		
1.	Name as per Policy																			
2.	Address	Plot No/Do	oor No.								Buildin	g Nam	e							
		Road									Area									
		City									Pincod	е								
		State																		
3.	Contact Details	Phone No.									Mobile									
		E-mail Id																	•	
4.	Brief Description of Business, Office/Industry/Occupation																			
5.	Limits of Indemnity under the Policy (Rs.)																			
	B. DETAILS OF LOSS/ACCID	ENT																		
	Date of Loss		A M	Y Y	Y	Y					Time o	f Loss		:		АM	. / P./	M		
2.	Loss Location	<u> </u>												 					 	
2.	Loss Location Address	Plot No/Do	oor No.								Buildin	g Nam	ie 🗌							
2.	Address	Plot No/Do	oor No.								Buildin Area	g Nam								
2.	Address		oor No.																	
2.	Address	Road	oor No.								Area									
	Address	Road City State									Area									
	Address	Road City State									Area									
	Address Contact Details of person/s at	Road City State									Area									
	Address Contact Details of person/s at Name	Road City State									Area	e								
	Address Contact Details of person/s at Name Relationship with Insured Contact Details	Road City State Coss Location									Area Pincod	e								
3.	Address Contact Details of person/s at Name Relationship with Insured Contact Details	Road City City City City City City City City									Area Pincod	e								
3.	Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of Loss/Damage	Road City City City City City City City City									Area Pincod	e								
3.	Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of Loss/Damage Estimated Loss (Rs.)	Road City State Construction Co									Area Pincod Mobile	e								
3.	Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of Loss/Damage Estimated Loss (Rs.) (a) Construction Plant and E	Road City State Construction Co									Area Pincod	e								
3.	Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of Loss/Damage Estimated Loss (Rs.) (a) Construction Plant and E (b) Contract Works	Road City State Construction Co									Area Pincod	e								

# WITNESS DETAILS

1.	Were there any witnesses to the loss/accident?																	] Yes	. [		No	)							
	If 'Yes',																												
2.	Name as Person/s	S U	R	Ν	А	Μ	Е			Μ	I	D	D	L	Εľ	1	AM	E			F	I	R	S	Т	Ν	А	Μ	Е
3.	Address	Plot No	/Do	or N	o. [										Build	ing	g Nam	е											
		Road													Area														
		City													Pinco	ode	9												
		State																											
4.	Contact Details	Phone	No.												Mobi	le													
		E-mail Id																											
INI	FORMATION TO AUTHORITY																												
1.	Has the loss been reported t	o an Au	thor	ity?															] Yes	. [		No	)						
	If 'No', reason for not reporti	ng																											
	If 'Yes', provide details	Fi	re			Po	lice			N	luni	cipal	ity		Othe	r													
2.	Name of Authority																												
3.	Information Report No./													]	Date		D	M	Μ	Y	Y	Y	Y						
	Authority Reference No.	S U	R	Ν	A	M	Е			M		D	D		EN	J	A M	E			F		R	S	Т	Ν	А	Μ	E
4.	Contact Person/s	5 0	К	IN		///				/\/						N	A	E			Г		ĸ	3			A	/\/\	
5.	Address	Plot No/Door No.												g Nam	e														
		Road													Area														
		City													Pinco	ode	9												
		State																											
6.	Contact Details	Phone	No.												Mobi	le													
		E-mail	ld																										
			=																										
	C. DETAILS OF OTHER INSU				line														] Vaa	[		No							
1.							cer												Yes			INU							
	If 'Yes', specify details and at		ору	of th	ie po				_							_													
	Name of Insurer																												
	Address	Plot No	/Doo	or No	o. [											ing	Nam	e								4		$\square$	
		Road													Area														
		City													Pinco	ode													
		State																											
	Contact Details	Phone	No.												Mobi	le													
		E-mail	ld																										
	Policy Number								<u> </u>						Sum	Ins	ured												
	Period of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y			То	D	D /	N	MY	Y	Y	Y									

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D.	DETA	ILS O	F OT	HER	INTE	RES

1.	Is the Insured the Sole Owne	er of t	the	pro	pert	y?																	Y	es		1	٧o							
	If 'No', specify																																	
	Nature of Interest																																	
	Person/s who has/have interest on property																																	
	Address	Plot	No	/Do	or N	lo.												Bu	ildir	ıg N	lam	9												
		Road	d															Ar	ea															
		City	[															Pir	ncod	е														
		State	e [															]																
	Contact Details	Phor	ne l	No.											T			M	obile	•														
		E-mo	ail I	ld																											·			
	E. DETAILS OF DAMAGED I	PLAN	IT/\	WO1	rks,	/PRO	OPE	RTY	7																									
1.	Description and Nature of																																	
	Contract for existing work																																	
			_																								_	_						
2.	Duration of Contract											1	mo	nths	/ y	ears	5	Est	tima	ted	date	e of o	com	plet	ion	C		D	Μ	Μ	Y	Y	Y	Y
3.	At what stage was the construction at the time of																																	
	occurrence																																	
4.	Will the damaged items be r (please attach an estimate c							) Серс	ırtm	ien	tall	у		V	/en	dor		(	Othe	er														
		or rep	airs	5 / TG	epide	cem	ents	)																										
5.	If by Vendor/Other			-									-											-										
	Name of the firm																	1																$\perp$
	Address	Plot	Г	)/Do	or N	10. T									_			Bu	ildir	ıg Ւ	lam													$\perp$
		Road	d						_						_			Ar	ea				_											
		City																Pir	ncod	е														
		State	e															]															1	
	Contact Details	Phor	ne l	No.														Mo	obile	;														
		E-mo	ail I	ld																														
6.	Will any alterations/improver when repairs are carried out		s be	e mo	ade <sup>.</sup>	to d	esig	n/co	nstr	ruct	tior	ו or	mo	ateri	al								Y	es		1	٩v							
	If 'Yes', specify details																																	
7	A																						7.			٦.								
1.	Are existing buildings/proper	ties d	ıam	nage	ed a	t the	e tim	ne of	00	cur	rer	ice?	•										_ Y	es		r	٩N							
	If 'Yes', give details along with estimated value of																																	
	damages																																	

### F. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

#### G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?	Yes No
If 'Yes', specify	

#### DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place													
Date:	D	D	M	Μ	Y	Y	Y	Y					

Signature of Insured/Claimant

Name of Insured/Claimant