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Version 1.2, Nov. 2011

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 [.]	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