



general insurance

ERECTION ALL RISKS INSURANCE CLAIM FORM

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

CEX

As soon as Loss or Damage has become known the company must be notified without delay. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number: | | | | | | | | | | | |

Claim Number: | | | | | | | | | | | |

Period of Insurance: | D | D | M | M | Y | Y | Y | Y | to | D | D | M | M | Y | Y | Y | Y |

A. DETAILS OF INSURED/S / PRINCIPAL

Name: _____

Address: _____

Pin code: | | | | | | | | | |

Telephone No: _____

E-mail Address: _____

Principal to the Contract: _____

Address of Principal: _____

Pin code: | | | | | | | | | |

Telephone No: _____

E-mail Address: _____

Name of Sub contractor: _____

Address of Sub contractor: _____

Pin code: | | | | | | | | | |

Telephone No: _____

E-mail Address: _____

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time & Date of loss: _____ (AM / PM) | D | D | M | M | Y | Y | Y | Y |

Who noticed the loss & when: _____

Please attach a statement of the person.

Circumstances leading to loss and cause: _____

Please attach separate sheet, if necessary.

C. DETAILS OF AFFECTED PROPERTY (Attach a separate sheet if necessary)

1. Contract works/owner's surrounding property

Item Number of the inventory: _____

Sum Insured: _____

Description of Machinery: _____

Name of supplier: _____

Invoice & date of supply _____

D	D	M	M	Y	Y	Y	Y
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Date of landing:

D	D	M	M	Y	Y	Y	Y
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 Was the receipt clean? Yes No

If receipt was unclear then did you lodge a marine claim and it is pending? Yes No

When was the material/machine erected? _____

When was the equipment/machine cold tested? _____

Cost of replacement of the affected machine by a new machine of the same type & capacity

Has the affected machine/equipment undergone any repairs previously? If yes the nature of such repairs:

Give the name & address of the workshop where repairs will be carried out _____
_____ Pin code:

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2. Is Third Party Liability involved Yes No
If yes, please indicate & attach details TPPI TPPD Both

D. REPAIR & ESTIMATE DETAILS

1. Name & address of the workshop where repairs will be carried out _____

2. Repair estimate _____

E. LOSS INTIMATION

Whether loss has been intimated to Fire Brigade Yes No Police Authorities Yes No
If yes, please attach the copies of the reports.

F. CAUSE OF LOSS OR DAMAGE

How did the damage occur ? (This question must be answered in detail giving a sketch , wherever possible and supported by statement of witnesses)

Is any third party involved? (1.In causing the damage to TP property, 2.Affected by the damage/loss)

G. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

H. IN CASE OF ACT OF GOD PERILS, PLEASE ATTACH RELEVANT REPORTS

I. RECOVERY PROSPECTS

Please inform the recovery prospects and the persons, if known

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.
I/We also understand that issue of this form is not to be taken as an admissibility of liability.

Date: _____

Place: _____

_____ Signature