



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

**ERECTION ALL RISKS INSURANCE POLICY
CLAIM FORM**

The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Limited.

Insured Details

- 1. Name: _____
- 2. Address: _____

 _____ Pin Code _____
- 3. Tel No.: Office: _____ Mobile _____
- 4. E-mail: _____
- 5. Contact Person: _____ Mobile No. _____
- 6. E –mail of Contact Person: _____

Policy Details

- 1. Policy No.: _____ Period of Insurance: _____ to _____

Details of Accident

- 1. Date of Accident : _____ Time: _____
- 2. Witness: _____

- 3. Site of Accident: _____

- 4. Describe how damage occurred. _____

- 5. What is Probable cause of Loss? _____

- 6. Please provide details of items damaged. _____

- 7. Estimate of Damage: _____
- 8. Will the Repairs be done In House? _____
- 9. If a Firm is engaged Please provide details? _____



General Information

- 1. If Accident Reported to Police/Fire Brigade Please Provide Details. _____

- 2. If there is Damage to Surrounding Property/ Third Party. Please Provide Details. _____

- 3. Details of Other Insurances. _____

- 4. Details of Previous Losses. _____

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above *belong* to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Place:

Date:

Signature of Claimant