

ERECTION ALL RISK INSURANCE - CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

Policy Number:	Claim No:
Period of Insurance: From:	To :

1.	Name of the Insured	
2.	Address for communication P.B.No. P.C.No. Location Tel.No GSM No. Fax No. Email Id:	
3.	Date & Time of Occurrence.	
4.	State the site where the damage occurred and name of the nearest place	
5.	Give the details of the damage a) to insured property b) to property belonged to third parties	
6.	What was the cause of the damage?	
7.	What is the estimated amount of the	





	Loss or damage?	
8.	Is any one responsible for the damage? If yes, state details of person	Yes/No
9.	Is there any possibility of recovery?	
10.	How will the damage be repaired?	
11.	Please state in detail whether any parts must be replaced	
12.	Give weight and value of damaged parts	
13.	Do you wish to carry out repairs at Departmentally? If yes give the address and contact no	Yes/No
14.	Give details of other insurances, if any covering the same loss	
15.	Give details of previous claims, if any on the project	

I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Place:

Date:

Signature of the Insured

