

CLAIM FORM - ERECTION ALL RISK INSURANCE POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

If any detail or information is not readily available, please do not delay the dispatch of this form. Other particulars may be sent later.



General Insurance Company Ltd.

Toll Free No. 1800 266 3202

Claim Number: _____ Policy Number: _____

Period of Insurance From To

A. DETAILS OF INSURED/CLAIMANT:

Name as per Policy:

Address:

City State Pin Code

Phone Number: Mobile Number

Email ID:

B. DETAILS OF LOSS / ACCIDENT:

Date & time of Occurrence : AM/PM

Location where the loss Occurred _____

Details of Damages _____

(a) Insured Property _____

(b) Third Party Property _____

Cause of Loss in detail _____

Is any third party responsible for damage? If any, please provide the details. _____

Is there any possibility of recovery? _____

Have you intimated the accident to Police / Fire Brigade? If yes, furnish the details _____

C. DETAILS OF DAMAGE:

How did the damage occurred (Please attach sketch & photos) _____

How the repairs will be carried out _____

Please state the details of the parts to be replaced _____

Estimated cost of repairs (both parts and labour) _____

Please provide the details of repairs _____

In house repairs Yes No Outside repairer - Provide the full details _____

Details of manufacturer's warranty / guarantee _____

Whether the affected was undergoing any testing? _____

D. DETAILS OF OTHER INSURANCE:

Give details of the other Insurance which is covering the present loss, if any _____

E. DETAILS OF PREVIOUS LOSSES:

Give details of previous claims, if any _____

DECLARATION

I/We, the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the Company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited. I/We also agree to provide additional information to the Company, if require.

Place:

Date:

Signature of the Insured

(Seal is mandatory for companies)