

CLAIM FORM - BOILER & PRESSURE PLANT 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.

Claim Number _____

Policy Number _____

Period of Insurance : From To

A. DETAILS OF THE INSURED/ CLAIMANT:

Name as per Policy:

Address:

City: State: Pin:

Phone: Mobile:

Email ID:

B. DETAILS OF LOSS/ACCIDENT:

1) Date and time of occurrence	<input type="text" value="DDMMYYYY"/>	<input type="text" value="HH"/> : <input type="text" value="MM"/> AM/PM
2) Brief details of accident		
3) Cause of loss		
4) Police FIR number and date		
5) Name and contact details of the witness		
6) Has the intimation been given to the Government/Statutory/Local authorities? Please furnish the details.		
7) How will the damaged items be repaired?		
8) Estimated amount of damages		
9) Repairer name and address		
10) Damage to surrounding property of the insured, if any, directly resulting from the explosion.		
11) Bodily injury/property damage to third party.		

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C. DETAILS OF THE MACHINERY/BOILER:

1) Description of the Boiler where the explosion/implosion has occurred	
2) Sum Insured toward the Boiler	
3) In case of Steam Boilers/Economisers/ super heaters, furnish the details of inspection reports issued by the competent authorities.	
4) Log book details	
5) Was it working under normal pressure and temperature as specified by the manufacturer?	

D. DETAILS OF OTHER INSURANCE:

Give details of 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 of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place _____

Date

Signature of the Insured
(Seal is mandatory for companies)