GENERALI Central INSURANCE

ERECTION ALL RISK INSURANCE CLAIMS FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number

Claim Number

INSURED DETAILS

1. **Name of the Proposer (in full):**
2. **Address of the Proposer:**

State																	**Pin code**								
Mobile											**Landline**														
Email																									

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

3. **Bank Details:**

Bank Name																									
Branch																									
Type of A/c						**A/c no**																			
Pan No																									
IFSC Code											**MICR code**														

DETAILS OF ACCIDENT

4. **Date and time of occurrence:**

D	D	M	M	Y	Y		H	H	M	M	**AM/ PM**

5. **State risk site where the damage occurred**

_____

6. **Please provide brief details of damage to :**
   a. **Insured Property**

   _____

   b. **Third Party Property**

   _____

7. **Please provide cause of loss/ damage**

_____

8. **Is any third party responsible for the damage? ☐ YES ☐ NO**
   If YES, please state details

_____

9. **Were the Police authorities or Fire Brigade informed? ☐ YES ☐ NO**
   If YES, please provide details

_____

DETAILS OF DAMAGE

10. **Whether property affected was undergoing testing? ☐ YES ☐ NO**

_____

11. **How will the damage be repaired??**

_____

12. **Please state the details of the part (s) to be replaced (Please attach separate sheet)**

_____

13. **Please provide estimated cost of repairs, pls. provide breakup of cost (parts & labour)**

_____

14. **How did the damage occur(please attach Sketches & photographs**

_____

15. **Please provide details of repairs:**
    a. **Carried out in house ☐ YES ☐ NO**
    b. **outside repairer, ☐ YES ☐ NO**
    c. **Please give full particulars**

_____

16. **Please give details of Manufacturers Warranty/ Guarantee**

_____

17. **Details of loss or damage under other section (s) of the policy**

_____

MISCELLNEOUS DETAILS

18. **Give details of other Insurance, if any, covering the present loss**

_____

19. **Give details of previous Claims, if any, on the project**

_____

20. **Do you wish to reinstate the Policy? ☐ YES ☐ NO**

DECLARATIONS

I/We agree to provide any additional information to the Company, if required, in relation to the loss or damage. I/We, the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement(s) and document(s) in every respect, and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss/damage, any false or fraudulent statement, or any suppression or concealment of any fact deemed material, my/our claim shall be absolutely forfeited, and the Policy shall be void without any refund of premium, and all rights to recover there under in respect of past or future loss/damage shall be forfeited.

Date: _____

Place:_____

Signature Of Insured: Name of Insured/Claimant: