

FG ADVANCE LOSS OF PROFIT INSURANCE CLAIM FORM

Claim No.: _____

Date of Issue: _____

- Issuance of this claim form is not to be taken as an admission of liability.
- The claim form is to be duly filled and signed by the insured. All facts and statements must be factual, and not influenced or biased in any favour.
- If any detail or information is not readily available, please do not delay the dispatch of this form. Such particulars may be sent by the Insured later separately.

Policy No.	
Policy Period	
Name and Address of the Insured	
Date & Time of Material Damage/Loss	
Address of Project Location where Loss has occurred	
Name of the Project manager at the plant	
Cause of the Loss	
When was the first notice of loss or damage given to the ALOP Insurer?	
How many interruptions have occurred during the project period prior to this incident?	
Name of the damaged plant/equipment	
ALOP Sum Insured	
Period of Indemnity in Months	
Time Excess in days	
Interruption commencement date	
Probable interruption period in days	
What percentage of the sum insured is estimated to be affected?	
Material Damage (EAR/CAR) Policy Number	
Material Damage (EAR/CAR) Policy Period	
Loss minimisation	
• Is provisional repair possible?	
• If so how long will the repair take?	
• Is it possible to reduce the period required for repair by using spare parts in stock or by applying any other measures	
• If yes please give details	
• What other action is being taken to minimise interruption loss?	
Cost of interruption	
• Estimated loss exclusive of cost for minimising loss	
• Is it possible to compensate for the loss of production by increased plant utilisation after the plant is commissioned?	

Public Future Generali India Insurance Company Limited

Claim Form_FG Advance Loss of Profit Insurance

UIN: (IRDAN132CP0009V01202223)

Page 1 | 2

• If So to what extent?	
Spoilage	
• Will the interruption cause a spoilage loss?	
• If so which goods will be affected and to what extent?	
• what measures to prevent or minimise spoilage loss has been taken?	
Working Periods	
• Number of days per year on which the plant is proposed to run?	
• Normal working hours?	
• Is there any other loss of profit insurance you have purchased?	
• if so state the insurer and policy number?	
Any other information which you may like to give:	

Declaration

I/We hereby agree, affirm and declare that:

The statements/information given/stated by me/us in this claim form are true, correct and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy.

Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Name:

Signature:

Date:

Public Future Generali India Insurance Company Limited

Claim Form_FG Advance Loss of Profit Insurance

UIN: (IRDAN132CP0009V01202223)

Page 2 | 2