

SURETY BOND INSURANCE CLAIM FORM

Policy No. _____

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Generali Central Insurance Company Limited

Do not dispose off or destroy damaged property without consent of surveyor Generali Central Insurance Company Limited

Risk Code (For office use) _____

A. The Insured	
Name	
Address	
Tel No.	Office..... Mobile..... Email.....
B. Policy Details	Policy No. Policy Type (Conditional/Unconditional) Period of Insurance..... to
C. Loss Details	Date..... Time.....am/pm..... Date/Time Discovered.....By whom..... Location/Address of Loss..... City..... Pin Code..... State..... Premises occupied as Describe fully circumstances of Loss, how it happened, what caused the Loss

Estimated amount of loss - To be provided by Obligee(Project Owner)	1.Loss Damage (Please provide break-up)
D. General	1. Under which section of the policy Claim is preferred? A. Bid Bond B. Advance Payment Bond C. Performance Bond D. Retention Money Bond 2. How long the business relationship is there between Project Owner (Obligee) and Contractor? 2. a Has there been any other instance of default since relationship started? (Yes/No) If Yes Details 3. Contract/agreement copy of the works given to Contractor 4. Whether all contracts given to single Contractor? Yes/No If Yes Details 5. Are there any loss/damage due to Fire/Short Circuit Yes/No If Yes,please attach a legible copy of FIR/Fire Brigade Report Details

6. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God

If Yes
Details

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7. Is there any other insurance in force providing cover for this loss or damage?

If Yes

Details- please provide name of Insurer(s), policy no. and copy of Policy

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8. Have you ever suffered a loss or damage in the past?

If yes, please provide name of Insurer(s), policy no. and copy of Policy

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9. Did you take any measures to minimize the loss?

If yes, please provide details of the same.....

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10. Are there any steps taken to prevent a reoccurrence?

(Yes/No)

If yes, please provide details (please attach separate sheet if required).....

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11. Was there another person/organization, in your opinion, responsible for the loss or damage?

(Yes/No)

If yes, please provide name, address & phone no.

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12. Was there any witness (es) to the incident?

(Yes/No)

If yes, please provide name, address, and phone no. and enclose statement from the witness.....

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13. Any legal notice(s) given to the Contractor

	(Yes/No) If yes, Details and the revert provided by the
	14. Lawyers appointed in case of any legal notices served (Yes/No) If yes, Details
	15. Details of following documents: - a) Copies of BOQs, b) Running Bills, c) Payments received, d) Payments outstanding
	16. Any other details

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date:

Company's stamp

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800