

REGD. OFFICE:
BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

First Floor, The Ferns Icon, Survey No. 28,
Next to Akme Ballet, Doddanekundi,
Off Outer Ring Road, Bangalore- 560037,

Toll-Free Helpline: 1800-103-2292

E-mail: claims@bharti-axagi.co.in

SMS <CLAIM> to 5667700

Website: www.bharti-axagi.co.in



general insurance

Boiler & Pressure Plant Insurance Claim Form

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

PEB

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered.
If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED

Name of the insured:

Address:

Pin code:

Telephone No.:

E-mail Address:

B. LOSS DETAILS

Time & Date of loss: (Hrs.)

Address of the site where loss has taken place:

Who noticed the loss & when:

Please attach a statement of the person.

The nature of loss :- Fire Explosion Act of God perils Collapse

Please attach relevant reports

Circumstances leading to loss and cause:

Please attach separate sheet, if necessary.

Has the loss been reported to Fire Brigade/Police Authority Yes No

If Yes, please attach the copies of the report.

C. DETAILS OF AFFECTED/LOST PROPERTY

1. Item Number of the inventory/description of the property: _____

Please provide the certificate issued by Boiler Inspectorate.

2. Sum Insured of the property affected: _____

Please provide the following information if cover opted

A. Details of the owners surrounding property affected: _____

B. Is Third Party Liability involved Yes No

If yes, please indicate & attach details TPPI TPPD Both

C. Any additional information you want to provide: _____

D. REPAIR & ESTIMATE DETAILS

Cost of the affected/Lost property/Item _____

Repair/Reinstatement Cost in case of damage to the property _____

E. IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS/DAMAGE

Yes No

If yes, please give the name and address

F. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

Date: _____

Place: _____

Signature of Insured



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