



# FUTURE GENERALI INDIA

Insurance Co., Ltd.

## ERECTION ALL RISK POLICY CLAIM FORM

**Please note that the issue of this claim form is not to be taken as an admission of liability**

<b>DETAILS OF INSURED</b>		
1	Name:	
2	Address:	
	Telephone Contact	City Pin
	e-mail:	
<b>DETAILS OF ACCIDENT</b>		
1	Date & time of occurrence	
3	State risk site where the damage occurred	
3	Give the details of the damage to	
	i) Insured Property	
	ii) Third Party Property	
4	Cause of Loss	
5	Is any third party responsible for the damage? If yes, state details	Yes / No
6	Were Police authorities or fire brigade informed , if yes pls. provide details	
<b>DETAILS OF DAMAGE</b>		
1	Whether property affected was undergoing testing ?	Yes / No :
2	How will the damaged be repaired?	



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3	Please state the details of the part (s) to be replaced (attach separate sheet)	
4	Estimated cost of repairs, pls. provide breakup of cost (parts & labour)	
5	How did the damage occur (please attach Sketches & photographs)	
6	Please provide details of repairs	
	i) Carried out in house	Yes / No :
	ii) out side repairer, please give full particulars	
7	Details of Manufacturers warranty / Guarantee	
8	Details of loss or damage under other section (s) of the policy	
<b>DETAIL OF OTHER INSURANCES</b>		
	Give details of other Insurance, if any, covering the present loss	
<b>DETAILS OF PREVIOUS LOSSES</b>		
	Give details of previous Claims, if any, on the project	
Do you wish to reinstate the policy Yes/No:		

### Declaration

I/We agree to provide additional information to the company, if required. 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 if 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 or future accident shall be forfeited.

Date:

Place:

Signature of insured with companies seal