

BOILER AND PRESSURE VESSEL INSURANCE POLICY

Claim Form

If any detail or information Is not readily available please do not delay the dispatch of this form and such particulars may be sent later.															
Policy No.	Claim No.														
Period of Insurance From															
renod of insurance from															
A. DETAILS OF INSURED/0	CLAIMANT														
1. Name as per Policy															
2. Address	Plot No/Door No. Building Name														
	Road Area														
	City Pincode														
	State State														
3. Contact Details	Phone No. Mobile														
	E-mail ld														
4. Brief Description of Busines Office/Industry/Occupation															
5. Limits of Indemnity under the Policy (Rs.)															
B. DETAILS OF LOSS/ACCI	DENT														
	DENT D D M M Y Y Y Y Time of Loss : A.M. / P.M.														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location	D D M M Y Y Y Y T Time of Loss : A.M. / P.M.														
B. DETAILS OF LOSS/ACCI	D D M M Y Y Y Y Time of Loss : A.M. / P.M. Plot No/Door No. Building Name														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location	D D M M Y Y Y Y Time of Loss : A.M. / P.M. Plot No/Door No. Building Name Area														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location	Time of Loss : A.M. / P.M. Plot No/Door No. Building Name City Pincode														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address	Plot No/Door No. Road City State														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location	Plot No/Door No. Road City State														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address	Plot No/Door No. Road City State														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of	Plot No/Door No. Road City State														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name	Plot No/Door No. Road City State														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name Relationship with Insured	Plot No/Door No. Road City State Time of Loss : A.M. / P.M. Building Name Pincode Pincode at Loss Location														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name Relationship with Insured	Plot No/Door No. Plot No/Door No. Road														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name Relationship with Insured Contact Details	Plot No/Door No. Plot No/Door No. Road														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name Relationship with Insured Contact Details 4. Describe cause of	Plot No/Door No. Plot No/Door No. Road														
B. DETAILS OF LOSS/ACCI 1. Date of Loss 2. Loss Location Address 3. Contact Details of person/s of Name Relationship with Insured Contact Details 4. Describe cause of	Plot No/Door No. Plot No/Door No. Road														

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WITNESS DETAILS												
1. Were there any witne	sses to the loss/accident?											
If 'Yes',												
2. Name as Person/s	S U R N A M E M I D D L E N A M E F I R S T N A M E											
3. Address	Plot No/Door No. Building Name											
	Road Area											
	City Pincode											
	State State											
4. Contact Details	Phone No. Mobile											
	E-mail Id											
INFORMATION TO AUT	HORITY											
1. Has the loss been rep	orted to an Authority?											
If 'No', reason for not	reporting											
If 'Yes', provide details	Fire Police Other											
2. Name of Authority												
3. Information Report N Authority Reference N												
4. Contact Person/s	S U R N A M E M I D D L E N A M E F I R S T N A M E											
5. Address	Plot No/Door No. Building Name											
	Road Area											
	City Pincode											
	State State											
6. Contact Details	Phone No. Mobile											
	E-mail Id											
C. DETAILS OF OTHE	D INISI IDANICE											
	overed under any other Insurance?											
	and attach a copy of the policy											
Name of Insurer												
Address	Plot No/Door No. Building Name											
Address	Road Area											
	City Pincode											
	State State											
Contact Details	Phone No. Mobile											
Contact Details	E-mail Id											
Policy Number	Sum Insured											
Period of Insurance	From D D M M Y Y Y Y To D D M M Y Y Y Y											
r enou or insurunce												

	D. DETAILS OF OTHER INT	ERES	Т																														
1.	Is the Insured the Sole Owner of the property?																																
	If 'No', specify																																
	Nature of Interest																													L			
	Person/s who has/have interest on property																																
	Address	Plot	No/	/Doc	or No	o. [Bui	ildir	ng N	ame													
		Road	1									T	Ť		Ť		Are	Area													İ		
		City	Ī									T	\pm				Pin	cod	de								1						
		State	. Г							<u> </u>	<u> </u>	<u> </u>							40														
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		Phor		L								_					Mo	DII	e 											<u></u>			
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	E. DETAILS OF DAMAGED E	OILE	R/	PRI	ESSU	JRE	VES	SEL																									
1.	Description and Capacity																																
	of Boiler/Pressure Vessel																																
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	Name of Manufacturer Year of Manufacturer				$^{\perp}$	<u> </u>											Da	to (of exp	oir.	of M	anut	actu	rorle	D	D	М	M	Y	Y	Y	Y	
٥.	rear or manufacturer																		ntee/				acit	rers	D		IVI	IVI	'		'		
4.	Cost of replacement of Boile	r/Pres	sur	e Ve	essel	of s	ame	e cap	oaci	ity aı	nd t	уре	e Rs.																				
5.	Whether the Boiler/Pressure	Vesse	el wo	as u	nde	r Anı	nua	l Ma	inte	nan	ce C	Cor	ntrac	t?								Ye	s		No)							
	If 'Yes', specify details (attach	cont	rac	t co	ру)				_	_		_																					
	Name of Company																																
	Address	Plot	No/	Doc	or No	o. [Bui	ildir	ng N	ame	!												
		Road	d [Are	ea															
		City															Pin	coc	de														
		State	,																														
	Contact Details	Phor	ne N	۱o.													Мо	bile	е														
		E-mo	ail lo	d [_			
6.	Have there been repairs for a	anv p	revi	ous	dan	naae	s to	the	Boi	iler/F	ress	sur	e Ve	sse	1?							Ye	s		No)							
	If 'Yes', specify	- , ,				- 3				- '																							
	Nature of Repair/s																																
	Date of Repair	D	D	M	M	Y	Y	Y	Υ	/							Am	nou	nt of	Rep	air (Rs.)											
7.	Is the repair being carried ou	the repair being carried out in house?																															
	If 'Yes', specify and submit Job-Work estimates along with Pro-forma Invoices of Spare Parts to be replaced If 'No', specify following details																																
	Name of the Repairer																																
	Name of contact person/s																																
	Address	Plot	No/	Doc	or No	o. [Bui	ildir	ng N	ame													
		Road	d [Area																	
		City										Ī		Ī			Pin	coc	de														
		State	, [Ť	Ť	T								•	•				_						
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	E-mail Id																																

8. Will there be any improvement in design/capacity/type/performance to the Boiler/Pressure Vessel Yes No during repairs?										
	If 'Yes', specify de	tails								
9.	Is there any dame	age to other proper	ty/surrounding property?		Yes	No				
	If 'Yes', specify de	tails								
	F. DETAILS OF PR	EVIOUS LOSSES								
	Losses during the	3 preceding years								
	Date of Loss	(Claim Description and Cause of Lo	Value of Loss (Rs.)	Insurer					
	G. DETAILS OF O	THER INFORMAT	ION							
	Do you wish to pr	ovide any other inf	ormation?		Yes	No				
	If 'Yes', specify									
	DECLARATION									
I/W agi	e, the above name ree that if I/We hav tement, or any sup	e made, or make in opression or concea	e best of my/our knowledge and b n any further declaration, the Con Ilment, my/our claim shall be abso cident shall be forfeited.	npany may require in re	spect of the said acciden					
Pla	се			Signature of Insur	red/Claimant					
Da	te: D D M	M Y Y Y		Name of Insured/	Claimant					