

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



ERECTION ALL RISKS INSURANCE CLAIM FORM

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

CEX

As soon as Loss or Damage has become known the company must be notified without delay. 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/S / PRINCIPAL

Name:

Address:

Pin code:

Telephone No:

E-mail Address:

Principal to the Contract:

Address of Principal:

Pin code:

Telephone No:

E-mail Address:

Name of Sub contractor:

Address of Sub contractor:

Pin code:

Telephone No:

E-mail Address:

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time & Date of loss: _____ (AM /PM)

Who noticed the loss & when:

Please attach a statement of the person.

Circumstances leading to loss and cause:

Please attach separate sheet, if necessary.

C. DETAILS OF AFFECTED PROPERTY (Attach a separate sheet if necessary)

1. Contract works/owner's surrounding property

Item Number of the inventory:

Sum Insured:

Description of Machinery:

Name of supplier:

Invoice & date of supply

Date of landing:

Was the receipt clean?

Yes No

If receipt was unclear then did you lodge a marine claim and it is pending?

Yes No

When was the material/machine erected?

When was the equipment/machine cold tested?

Cost of replacement of the affected machine by a new machine of the same type & capacity

Has the affected machine/equipment undergone any repairs previously? If yes the nature of such repairs:

Give the name & address of the workshop where repairs will be carried out

Pin code:

D. REPAIR & ESTIMATE DETAILS

1. Name & address of the workshop where repairs will be carried out

2. Repair estimate

E. LOSS INTIMATION

Whether loss has been intimated to

Fire Brigade Yes No

Police Authorities Yes No

If yes, please attach the copies of the reports.

F. CAUSE OF LOSS OR DAMAGE

How did the damage occur? (This question must be answered in detail giving a sketch, wherever possible and supported by statement of witnesses)

Is any third party involved? (1.In causing the damage to TP property, 2.Affected by the damage/loss)

G. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

H. IN CASE OF ACT OF GOD PERILS, PLEASE ATTACH RELEVANT REPORTS

I. RECOVERY PROSPECTS

Please inform the recovery pro

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

I/We also understand that issue of this form is not to be taken as an admissibility of liability.