

**BOILER AND PRESSURE PLANT INSURANCE POLICY
CLAIM FORM**

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 Raheja QBE General Insurance Company Limited.

Policy No	Period of Insurance
(1) Name	
(2) Address of the Loss Location	
(3) Date & Time of explosion or collapse	Date: _____ Time: _____
(4) Full description of Boiler in which explosion/collapse has occurred.	
(5) Cause of explosion/collapse (Please give full information).	
(6) Particulars of : A. Damage to the Boiler in which explosion originated or collapse occurred. B. Damage to surrounding property, if any, and/or damage to any Third Party property and or personal injuries, directly resulting from the explosion/collapse.	
(7) In the case of Steam Boilers/Economisers, Super heaters please give particulars of the latest inspection certificates issued by the Government Inspection Department (True copies of certificates should be supplied.)	
(8) Was the Boiler at the time of accident operated within the conditions of pressure and temperature and other safety requirements specified by Boiler Inspector or other competent Authority?	

<p>(9) A. Nature and extent of damage to property if any, belonging to third parties B. Names and addresses of owners of property so damaged.</p>	
<p>(10) A. Nature and extent of personal injury, if any, to third parties. B. Names, addresses and ages of injured persons.</p>	
<p>(11) Has the explosion/collapse been notified to the Government/ Statutory/ Local Authorities? If so, to whom and when?</p>	
<p>(12) In case of repairs to Boiler, please state whether competent and approved repairs are available locally if so; give names and addresses of repairs. NOTE: All major repairs to be entrusted to any repairer or contractor must be done only with the prior approval of the Insurers.</p>	
<p>(13) Please give any other particulars relevant to the damage.</p>	

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.

Place:

Date:

Signature of Claimant