CLAIM FORM - CONTRACTORS ALL RISK INSURANCE POLICY

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available, please do not delay the dispatch of this form. Other particulars may be sent later.

MAGMA HDI
General Insurance Company Ltd.

Toll Free No. 1800 266 3202

Claim Number: _____ Policy No: _____

Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

A. DETAILS OF INSURED/CLAIMANT:

Name as per Policy:

Address:

City State Pin Code

Phone Number: Mobile Number

Email ID:

B.DETAILS OF ACCIDENT:

1. Date & time of Occurrence D D M M Y Y Y Y Time to
2. Details of the contract site where the loss occurred
3. Give the details of the damage to
   (a) Contract Works
   (b) Construction Plant, Machinery & equipment
   (c) Third party property
4. How did the damage occur and what was its probable cause? (Attach the sketch & photos)
5. Is any third party responsible for the damage? If yes, provide the details.
6. Is there any possibility of recovery? If yes, please provide the details.
7. Is the loss intimated to Police or Fire Brigade? If yes, please provide the details.

C. DETAILS OF DAMAGE:

1. Whether the property affected was undergoing testing
2. What is the stage of completion of the project/ damaged item at the time of accident?
3. Will any alterations or improvements be made to design, construction or material when repairs are carried out?
4. How the repairs will be carried out
5. What is the Estimated cost of repairs towards
   (a) Contract Works
   (b) Construction Plant, Machinery & equipment
   (c) Third party property
6. Give name and address of the witness to the occurrence
7. Details of loss or damage under the other sections of the policy

D. DETAILS OF OTHER INSURANCE:

Give details of other Insurance, if any, covering the present loss

E. DETAILS OF PREVIOUS LOSSES:

Give details of previous claims, if any

DECLARATION

I/We, the above mentioned, do hereby, to the best of my/our knowledge and belier, warrant the truth of the foregoing statement in every respect and 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. I/We also agree to provide additional information to the Company, if require.

Place:

Date D D M M Y Y Y Y

Signature of the Insured

(Seal is mandatory for companies)