Section 3: Fire Loss of Profit Claim Form

Claim No._____
Policy No._____

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 MHDI.

Do not dispose off or destroy damaged property without consent of surveyor/MHDI.

A. The Insured Risk Code (For office use) _____

Name _____
Address_____
Tel No.
Office_____Mobile_____email_____
Contact name _____
Mobile_____email_____

B. Policy Details of Consequential Loss (Fire) Insurance Policy

Policy No. _____ Period of Insurance_____ to _____

C. Policy details of Fire & Special Perils Policy under which material damage loss has been preferred

Policy No. _____ Period of Insurance _____ to _____.

Name of the Insurer
_____

D. Loss Details

Date _____ Time _____ am/pm
Date/Time Discovered _____
By whom_____
Location/Address of
Loss_____
City_____ Pin Code _____
State_____
Premises occupied as
_____

Describe fully circumstances of Loss, how it happened, what caused the Loss
_____

Period for which your business has been interrupted from ___/____/___ to ____/____/____
What is the Standard Turnover _____
What is the estimated reduction in turnover _____
What is the estimated Loss of Gross Profit
Claim under Add on covers_____
Total Claim under all Sections (Separate Claim Bill may be attached) _____

D. General (Put a tick □□in the appropriate □)

1. Is there any other insurance in force providing cover for this loss or damage?
Yes □ No □
If yes, please provide name of Insurer(s), policy no. and copy of Policy
_____

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance?
Yes □ No □
If yes, please provide details of the same_____

3. Have you ever suffered any loss or damage leading to interruption in Production in the past?
Yes □ No □
If yes, please provide Date, Amount of Loss and Name of Insurer
_____
_____
_____

4. Did you take any measures to minimize the loss?
Yes □ No □
If yes, please provide details of the same_____
_____
_____
_____
_____

5. Are there any steps taken to prevent a reoccurrence?
Yes □ No □
If yes, please provide details (please attach separate sheet if required)
_____
_____

6. Was there another person/Organisation, in your opinion, responsible for the loss or damage?
Yes □ No □

If yes, please provide name, address & phone no.

_____

_____

_____

7. Was there any witness(es) to the incident?
Yes □ No □
If yes, please provide name, address, phone no. and enclose statement from the witness

_____

_____

8. Were the premises occupied at the time of the loss or damage?
Yes □ No □
If not, unoccupied since

_____

9. Are you the sole owner of the premises/property?
Yes □ No □
If not, please provide details of other interested
parties_____

IMPORTANT NOTICE

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.

2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.

3. The Insured should make no offer or admission of liability to Third Parties.

4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED

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.

Signature of Insured : _____ Date : _____

Company's stamp

Documents to be attached: