

MARINE CUM STORAGE - ERECTION INSURANCE CLAIM FORM

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

Policy Number: _____

A. INSURED	
1.	Name : _____
2.	Address : _____
3.	Telephone Number : _____
4.	Period of Insurance : From _____ To _____
B. PARTICULARS OF LOSS	
1.	Date & Time of Occurrence : _____
2.	State the site where the damage occurred : _____
3.	Give the details of the damage
	(a) to Insured Property : _____
	(b) to Property belonging to Third Parties : _____
4.	What was the cause of the damage? : _____
5.	Is any one responsible for the damage? If yes, state details of person : <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there any possibility of recovery? : <input type="checkbox"/> Yes <input type="checkbox"/> No
C. DETAILS OF AFFECTED PROPERTY	
1.	Description of Machinery : _____
2.	Name of Supplier : _____
3.	Invoice and Date of Supply : _____
4.	Date of Landing : _____
5.	Was the receipt clean? If no, have you lodged monetary claim to the concerned party? Please specify. : <input type="checkbox"/> Yes <input type="checkbox"/> No
D. REPAIR & ESTIMATE DETAILS	
1.	How will the damage be repaired? : _____
	Please state in detail whether any parts must be replaced : _____
	Give weight and value of damaged parts : _____
2.	What is the Estimated amount of the loss or damage? : Rs. _____

3.	How did the damage occur? :	
	(This question must be answered in detail giving a sketch wherever possible, and supported by statement of witnesses)	
4.	Do you wish to carry out repairs departmentally? (Or)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to entrust repairs to another Firm? (If yes, state name)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	DETAILS OF OTHER INSURANCES	
	Give details of other Insurances, if any, covering the present loss :	
E.	DETAILS OF PREVIOUS LOSSES	
	Give details of previous Claims, if any, on the project :	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

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

Date : _____

Place : _____

Signature and Official Stamp