



Bajaj Allianz General Insurance Co.Ltd

Notification of Physical Loss or damage

ERECTION ALL RISK CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

Policy No. _____ Claim No. _____

Period Of Insurance. _____

Insured _____

Address _____

<p>1 (a) Title of Contract Insured</p> <p>(b) Location and address of contract site</p>	
<p>2 When did the loss/damage occur? When was the first notice given to the insurer?</p>	<p>Time.....Date: To Whom?: By Whom?</p>
<p>3 Name of person /s if any, who witnessed the occurrence.</p>	
<p>4 Details of damage sustained Which item was damaged? Item no. in specification of Policy schedule</p>	
<p>5 Cause of breakdown And what was its probable cause?</p>	
<p>6 State whether the item damaged was under any guarantee from Supplier / Repairer. If so, state the nature of Guarantee and the Guarantee period.</p>	
<p>7 Did the affected item(s) sustain any damage in any previous accident ? If so, give particulars of event(s) with details of repairs executed.</p>	

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8	Do the factures show any sign of faulty casting, faulty material or workmanship? If so, please give details.
9	Have the repairs been put in hand? If so, give name and address of repairers. If not, please give names and address of proposed repairers. Are any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? If so, please give details.
10 (a).	State nature of repairs and particulars of replacement of any parts required.
11	State the salvage value on the damaged Item.
12	Where can be the damaged items be inspected
13	Are there any other insurance effected by you or any other person covering the loss sustained or any part there of?
14	Was any third party or surrounding property damaged? If so, please give details/

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Place:
Date:

Signature

(This form is to be signed only by an authorised representative of the insured.)