



FUTURE GENERALI INDIA

Insurance Co., Ltd.

BOILER & PRESSURE PLANT POLICY CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

DETAILS OF INSURED	
1	Name:
2	Address: City: Pin: Contact Telephone : e-mail:
DETAILS OF ACCIDENT	
1	Date & time of occurrence
2	Name and contact details of witness i) ii)
3	Brief details of accident
4	Cause of loss / damage
5	Is FIR filed with police authorities? if Yes please provide details



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6	Has the explosion/collapse been notified to the Government/ Statutory/Local Authorities? If so, to whom and when?	
DETAILS OF ITEM AFFECTED		
1	Full description of Boiler in which explosion/ collapse has occurred	
2	Insured value of the Boiler which exploded/collapsed	
3	Damage to surrounding property of the insured, if any, directly resulting from the explosion/collapse:	
4	Details of Bodily injury / Property damage to third party ?	
5	In the case of Steam Boilers/Economisers, Superheats please give particulars of the latest inspection certificates issued by the Government Inspection Department (True copies of certificates should be supplied):	
6	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 :	
DETAILS OF DAMAGE		



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1	How did the damage occur and what was its probable cause? (attach sketches, photos, etc)	
	How will the damaged items be repaired?	
3	Estimated amount of damage	
4	In case of repairs to Boiler, please give names and addresses of approved repairer.	
DETAIL OF OTHER INSURANCES		
	Give details of other Insurance, if any, covering the present loss	
DETAILS OF PREVIOUS LOSSES		
	Give details of previous Claims, if any, on the project	
Do you wish to Reinstate the Policy : Yes/ No :		

Declaration

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

Date:

Place:

Signature of insured with companies seal