



FUTURE GENERALI INDIA

Insurance Co., Ltd.

CONTRACTORS ALL RISK 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 Code:	
	Contact Telephone :	
	e-mail:	
3	Name of Supervising Engineer	
PARTICULARS OF ACCIDENT		
1	Date & time of occurrence	
2	State risk site where the damage occurred	
3	Give the details of the damage to:	
	a.) Contract Works	
	b) Construction Plant, Machinery & Equipment	
	c) Third Party Property	
4	What was the cause of the damage?	
5	Is any third party responsible for the damage? If yes, state details	Yes No
6	Is FIR filed with police authorities? If yes please provide details	
DETAILS OF DAMAGE		
1	Whether property affected was undergoing testing	



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2	a) How did the damage occur and what was its probable cause? (attach sketches, photos, etc)	
	b) How far had the construction of the damaged item(s) progressed at the time of the occurrence of damage?	
3	How will the damaged items be repaired?	
4	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	Yes No
5	Give name & address of witness to the occurrence	
6	Are existing buildings/surrounding properties damaged? If yes, give details	Yes No
7	Is any Third Party affected by the accident? If yes, state details	Yes No
8	What are the estimated costs for repair of damage	
9	Details of loss or damage under other section (s) of the policy	
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 :		



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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