L&T Insurance

Contractor's Plant & Machinery Insurance

Claim Form

Toll Free Number **1800-209-5846 (1800-209-LTIN)**

Website **www.ltinsurance.com**

SMS **'LTI' to 5607058 (56070LT)**

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly. All the questions are mandatory.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name:

Intermediary Code:

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

As soon as any Accident, Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and other particulars may be sent later.

Claim No: Policy No/Cover Note No:

Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y Y Customer ID:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name: F I R S T M I D D L E L A S T

Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.: Floor No.: Building Name:

Street Name: Locality:

Landmark:

City/Village: Pincode:

Post Office: Fax No.:

Mobile No.: Landline: S T D

Email ID 1:

Email ID 2:

Do you want us to effect the above change of correspondence address in policy document for all future correspondences? ☐ Yes ☐ No

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:
(as appearing in the Bank Account)

Bank Name:

Branch: Location:

Account No: Account Type:

MICR Code: IFSC Code:

PARTICULARS OF ACCIDENT:

- Date & Time of occurrence: D D M M Y Y Y Y H H : M M
- Full addresss of the loss location: .....

  .....
- How did the damage occur? .....

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- What is the actual and probable cause of damage: .....
- Nature and extent of damage: .....

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- Details of the machinery affected: .....

  .....
- Give the serial number available in the policy for the affected machinery:.....
- Was the affected machinery: ☐ Brand New ☐ Second Hand
- Whether the affcected machinery is under any Service guarantee / warranty or AMC? ☐ Yes ☐ No

  if yes, provide details on terms and period of such contract/warranty.....

  .....
- Kindly provide the detials of the workshop or repairer:.....

  .....
- Is any one responsible for the damage? ☐ Yes ☐ No

  If Yes, state details: .....
- Is there any possibility of recovery? ☐ Yes ☐ No
- What was the replacement value of the affected machinery prior to the reported loss/damage? ₹ |_|_|_|_|_|_|_|_|_|
- Provide the details of damages to third party (s), if any: .....

  .....
- Provide the details of damages to surrounding property, if any:.....

  .....
- Estimated Claim Amount: (Kindly provide break-up details in a separate annexure)
  - a) Machinery ₹ |_|_|_|_|_|_|_|_|_|
  - b) Third Party ₹ |_|_|_|_|_|_|_|_|_|
  - c) Surrounding property ₹ |_|_|_|_|_|_|_|_|_|
- Give details of other insurances covering same property, if any:.....

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- Give details of previous losses, if any: .....

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DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place: .....

Date: .....

Signature of Insured