L&T Insurance

Erection All Risks 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:

(ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)

As soon as 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 delays dispatch of this form and such 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 address of the loss location: .....

.....

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

  .....

  .....

  (Please attach extra sheets if required)

- Nature and extent of damage: (Kindly provide separate annexure if space provided is insufficient)

(a) To Insured Property: .....

.....

(b) To Third Party(s): .....

.....

(c) To surrounding property of principal/contractor: .....

.....

- What was the cause of the damage? .....
- Is any one responsible for the damage? ☐ Yes ☐ No

  If Yes, state details of person: .....
- Is there any possibility of recovery? ☐ Yes ☐ No
- How will the damage be repaired?: .....

  .....
- Will any alterations/improvements be made to design/construction material when repairs are carried out? ☐ Yes ☐ No

  If Yes, provide details: .....

  .....
- Details of the agency to whom the repair work will be entrusted .....

  .....
- Details of the quantity of scrap and its value: .....

  .....
- Total Estimated claim amount ₹ |_|_|_|_|_|_|_|_|_|_|

  (a) To Insured Property: ₹ |_|_|_|_|_|_|_|_|_|_|

  (b) To Third Party(s): ₹ |_|_|_|_|_|_|_|_|_|_|

  (c) To surrounding property of principal/contractor: ₹ |_|_|_|_|_|_|_|_|_|_|
- Give details of other insurances covering same property, if any: .....

  .....
- Details of previous losses, if any: .....

  .....

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