TATA AIG INSURANCE

WITH YOU ALWAYS

ERECTION INSURANCE CLAIM FORM
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF 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 delay dispatch of this form and such particulars may be sent later.

Policy Number:

A. INSURED

1. Name :

2. Address :

   City :   Pin Code:

3. Telephone Number :

4. Period of Insurance : From   To

B. PARTICULARS OF ACCIDENT

1. Date & Time of Occurrence :

2. State the site where the damage occurred and name the nearest railway station :

3. Give the details of the damage

   (a) to Insured Property :

   (b) to Property belonging to Third Parties :

4. What was the cause of the damage? : ☐ Yes ☐ No

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

6. Is there any possibility of recovery? : ☐ Yes ☐ No

C. DETAILS OF THE DAMAGED SECTION/WORKS

1. How will the damage be repaired? :

   Please state in detail whether any parts must be replaced :

   Give weight and value of damaged parts :

2. What is the Estimated amount of the loss or damage? : Rs.

3. How did the damage occur? :

   (This question must be answered in detail giving a sketch wherever possible, and supported by statement of witnesses)

4. Do you wish to carry out repairs departmentally? : ☐ Yes ☐ No

   (Or)

   Do you wish to entrust repairs to another Firm? (state name) : ☐ Yes ☐ No

D.   DETAILS OF OTHER INSURANCES

Give details of other Insurances, if any,   :
covering the present loss

E.   DETAILS OF PREVIOUS LOSSES

Give details of previous Claims, if any,   :
on the project

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Signature of the Insured

Date :

Place: