



Erection All Risk Insurance Policy (Retail) Claim Form

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Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDI.

A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No. Office _____ Mobile _____ email _____

Contact person's name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance ____/____/____ to ____/____/____

C. Accident details

Date of occurrence ____/____/____ Time ____ am/pm

Site address _____

Describe how the damage happened (please provide a sketch if appropriate)

What is probable cause of the damage

What is damaged : Items damaged

Insured property _____ Third party property _____

Date of arrival of above items to the project site ____/____/____

Has the damage occurred during testing Yes No

If yes, when did the testing begin ____/____/____

In case of damage to Third Party property, provide name & address of third party

Is there any damage to existing/surrounding property Yes No

Is anyone else responsible for the damage Yes No

If yes, provide details

Who is responsible for repairs

Please give names and addresses of witnesses

D. Estimated cost of Repairs/replacements

Does the above estimate include alternations or improvements made to design, construction or material subsequent to damage repair Yes No

E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage

F. Details of previous losses, if any

General

Has the loss or damage been reported to the Police/Fire Brigade?

Yes No

If yes, please attach a legible copy of FIR/Fire Brigade Report

Any measures taken to minimize the loss?

Yes No

If yes, please provide details of the same

Any steps taken to prevent future recurrence

Yes No

If yes, please provide details (attach separate sheet if required)

Period of project _____/_____/_____

State of completion of work (as on date of loss)

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Date : _____

Company's stamp

Documents to be attached:
