

# HDFC ERGO General Insurance Company Limited



## Contractors All Risk - CLAIM FORM

The issue of this form is not to be taken as an admission of liability.

Policy No \_\_\_\_\_

### Notification of Loss or Damage for Contractor's All Risk Insurance

Claim No: \_\_\_\_\_

Title of contract insured \_\_\_\_\_

Name(s) and address(es) of insured (s) \_\_\_\_\_

Location and address of contract site \_\_\_\_\_

Name of supervising engineer \_\_\_\_\_

Nearest railway station(airport) \_\_\_\_\_

Advisable approach route to contract site from railway station (airport) or otherwise

1. Which items were damaged?  
a) Contract works     b) Construction plant and equipment     c) Construction machinery
2. When did the loss or damage occur? (state date and exact time) \_\_\_\_\_
3. How did the damage occur and what was it probable cause? (attach sketches, photos etc.) \_\_\_\_\_  
\_\_\_\_\_
4. How far had construction of the damaged item progressed at the time of the occurrence of damage? \_\_\_\_\_
5. Give name and address of witness to the occurrence \_\_\_\_\_
6. How will the damaged items be repaired \_\_\_\_\_
7. Will any alterations or improvements be made to design, construction or material when repairs are carried out? \_\_\_\_\_
8. What are the estimated costs for the repair of damage to  
a) Contract works     b) Construction plant and equipment     c) Construction machinery
9. Is third party liability involved? \_\_\_\_\_
10. Are existing buildings or surrounding property damaged? \_\_\_\_\_
11. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned Insured declares to have answered the above questions conscientiously and truthfully.

Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

\_\_\_\_\_

Signature of the Claimant

# HDFC ERGO General Insurance Company Limited



## Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment                      Cheque                       Fund Transfer   
(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code                       Email address

Attachments                      Cancelled Cheque                       Bank Passbook Copy   
In Support of Bank Details  
(Please tick the type of proof submitted)

Declaration: I Mr./ Mrs/ Ms. \_\_\_\_\_  
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

\_\_\_\_\_  
Signature of Beneficiary  
Stamp Required in case of Company

Date: