

PRINCIPAL'S ADVANCE LOSS OF PROFITS - Claim Form

Notification of Loss or Damage
This form is to be filled in for each occurrence of interruption reported during the project period
(Issuance of this form is not a proof of admissibility of Liability)

Claim No. Policy No.

| | | |
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| | ALOP POLICY NUMBER | |
| | ALOP POLICY PERIOD | |
| 1 | Name and Address of the Insured | |
| 2 | Fax No/ Telephone number | |
| 3 | Name and E- mail ID of the Contact Person | |
| 4 | Address of the project where the claim has occurred | |
| 5 | Nature of Business | |
| 6 | Name of the Project manager at the plant | |
| 7 | When did the material damage/ loss occur? | |
| 8 | What was the cause of the loss? | |
| 9 | When was the first notice of loss or damage given to the ALOP Insurer? | |
| 10 | How many interruptions have occurred during the project period prior to this incident? | |
| 10 | Name of the Damaged plant/equipment | |
| 11 | ALOP Sum Insured | |
| 12 | Period of Indemnity in Months | |
| 13 | Time Excess in days | |
| 14 | Interruption commencement date | |
| 15 | Probable interruption period in days | |
| 16 | What percentage of the sum insured is estimated to be affected? | |
| 17 | State the EAR/CAR Policy Number | |
| 18 | State the EAR/CAR Policy Period | |
| 19 | Loss Minimisation | |
| 20a | Is provisional repair possible? | |
| 20b | If so how long will the repair take? | |
| 20c | Is it possible to reduce the period required for repair by using spare parts in stock or by applying any other measures | |
| 20d | If yes please give details | |
| 20e | What other action is being taken to minimise interruption loss? | |
| 21 | Cost of interruption | |
| 21a | Estimated loss exclusive of cost for minimising loss | |
| 21b | Is it possible to compensate for the loss of production by increased plant utilisation after the plant is commissioned? | |
| 21c | If So to what extent? | |

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| 22 | Spoilage | |
| 22a | Will the interruption cause a spoilage loss? | |
| 22b | If so which goods will be affected and to what extent? | |
| 22c | What measures to prevent or minimise spoilage loss has been taken? | |
| 27 | Working Periods | |
| 27a | Number of days per year on which the plant is proposed to run? | |
| 27b | Normal working hours? | |
| 28 | Is there any other loss of profit insurance you have purchased? | |
| 28a | if so state the insurer and policy number? | |

I/We hereby agree, affirm and declare that:

- The statements/information given/ stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- The receipt of this claim form/other supporting/ related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the company reserves the right to process or reject or require further/ additional information in respect of the claim.

Place:

Date:

Signature: