

## Consequential Loss (Fire) Insurance

### Claim Form

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS 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.

CL Policy Number:

Material Damage Policy Number

#### A. INSURED

1.	Name of Insured	:	
2.	Complete Address (incl. Telephone nos./email id)	:	
3.	Period of Insurance	:	From _____ To _____
4.	Sum Insured (Basis of Indemnity - Turnover basis or Output basis)	:	
5.	Loss Location	:	

#### B. DETAILS OF THE LOSS

1.	Date, Time & Cause of Loss	:	
2.	Whether Loss intimated under base (Fire/Machinery) Policy Is liability admissible under base Policy	:	
3.	Has Production/Turnover been lost (Give details)	:	
4.	By when is the normal production estimated to be resumed?	:	
5.	What is the estimated loss of turnover/production during the period of interruption?	:	
6.	Have you incurred any increased cost of working to minimize loss?	:	

Claim Form – Consequential Loss of Profit

**Liberty General Insurance Limited**, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0005V01201213

If yes, give details	
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**C. DETAILS OF OTHER INSURANCES**

Give details of other Insurance's, if any, covering the affected equipment.

**D. DETAILS OF PREVIOUS LOSSES**

Give details of Previous Claims, if any, on the affected equipment.

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

Date :

Place:

Signature of the Insured

Claim Form - FLOP

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