

CLAIM FORM FOR ERECTION ALL RISK POLICY

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Cover Note / Policy : No Period of Insurance : Date of Accident : Claim Number :
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PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
i)	Name	(i)
ii)	Address for correspondence	(ii)
iii)	Contact Number	(iii)
2.	When did the loss or damage occur? (State date and time)	
3.	The address where the property (item) covered is situated.	
4.	Particulars of damage to erection property.	

EAR Claim Form

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

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0010V01201213

5.a)	Nature & extent of damage, if any, belonging to third party.	a)
b)	Name & addresses of owner of property so damaged.	b)
c)	Is the claimant the sole owner if property damaged ? if not state full particulars of any other interest	c)
6. a)	What was the cause of the damage and how did it occur?	
6. b)	What steps were taken Immediately to reduce the loss	
7.a)	Has damage occurred during testing?	a) Yes/No
b)	If yes then please specify date & time of commencement of testing.	b)
8.	Give name & address of the witness to the occurrence.	
9.a)	Is anyone responsible for damage?	a)

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b)	Please mention the possibility of recovery.	b)
10.	Address where the damaged items can be inspected	
11.	What is the estimated amount of loss or damage?	
12.	How will the damages be repaired?(state the details whether any parts must be replaced)	
13.	How did the damage occur? (This question must be answered in detail)	
14.	The estimated salvage or scrap value of damaged parts to be replaced.	
15.	Details of any other insurance under which you are entitled to recover in respect of the loss or damage.	
16.	Do you wish to carry out repairs yourself?	Yes/No
17.	Name & address of the repairer, if entrusted for repairs.	
18.	Any additional information relevant to processing of claim :	
I/We hereby agree, affirm and declare that:		

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- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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 an 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.

- c. 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.
- d. 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 thereunder in respect of any or all claims, past, present or future.
- e. 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 of the Insured

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