

CLAIM FORM FOR INDUSTRIAL ALL RISK POLICY

Notification of Physical Loss or Damage & Business Interruption

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

Office Address:	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	
(ii)	Address for correspondence	
(iii)	Contact Number.	
(iv)	Name and Address of Mortgagee(s) or other persons having financial interest in the property.	
(v)	Is the claimant the sole owner of property damaged? If not state full particulars of any other interest	
2.	DETAILS OF OTHER INSURANCE	

Claim Form - Industrial All Risk

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: 1501 CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0006V01201213



Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period	
			From	To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

3.	DETAILS OF LOSS	
	(i)	Time & Date of Loss
	(ii)	Cause of Loss
	(iii)	Item of Policy affected (give description)
	(iv)	Occupation of the premises at the time of Loss
	(v)	Has the Loss been reported to Fire Brigade? (If not, give reasons)
	(vi)	Has the Loss been reported to Police? (If not, give reasons)
	(vii)	What steps were taken immediately to reduce the loss
4.	Address where the loss can be inspected.	
5.	Extent of Loss under Material Damage (as more particularly described in the Loss Statement overleaf)	
6.	Indemnity Sum Insured and Indemnity Period.	
7.	Estimated Interruption period.	
8.	Turnover for the previous and current Financial year.	
9.	Gross profit for the previous and current Financial year	

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10.	Standing charges for the previous and current Financial year.	
11.	Any alternate facility used in the interruption period Specify, if any	
12.	Any additional costs incurred in the interruption period Specify, if any	
13.	Maximum rated capacity of the plant.	
14.	What is the capacity at which the plant was operating?	
15.	Total loss claimed under Business Interruption	
16.	Any additional information relevant to processing of claim.	

I/We hereby agree, affirm and declare that:

- 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 Claimant

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LOSS STATEMENT – MATERIAL DAMAGE

DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

An IAR policy being a contract of indemnity, all claims must be based upon the actual value of the goods at the time of loss, excluding any Profit whatsoever.

Item No. of Policy	Description of affected Property	Value at the time of Loss Rs.	Deduction for Value of Salvage Rs.	Net Amount Claimed Rs.

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