

This form won't take much of your time, we know you have urgent work to do.  
Also, a reminder that issuance of this form does not imply acceptance of liability by us.

**Policy Number:**

**Claim Number:**

**Period of Insurance:**           **to**

**Your details:**

Name: \_\_\_\_\_

Address: - Office: \_\_\_\_\_

\_\_\_\_\_

Address: - Risk Location: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code:

Contact No. 1:

Contact No. 2:

Email ID: \_\_\_\_\_

**Details of the loss/ accident:**

|   |   |  |
|---|---|--|
| 1 | Details of the Risk Location, where the loss/ accident occurred                                   |  |
| 2 | Date & Time of the loss/ accident   |  |
| 3 | What exactly was the loss/ damage?  |  |
|   | (a) Contract Works  |  |
|   | (b) Construction Plant, Machinery & Equipment   |  |
|   | (c) Third Party Property  |  |
| 4 | How did the loss/ damage occur and what could have been the cause? (Attach the sketch and photos) |  |
| 5 | Is any third party responsible for the damage?<br>If yes, please give us the details              |  |
| 6 | Is there any recovery possible?<br>If yes, please give us the details                             |  |
| 7 | Is the loss intimated to the Police or Fire Brigade?<br>If yes, please give us the details.       |  |

**Details of the loss/ damage:**

|   |   |   |
|---|---|---|
| 1 | Will any change or improvement be made to design, construction or material when repairs are done? |   |
| 2 | Was the damaged property/ material going through testing?   |   |
| 3 | How will the repairs be carried out?  |   |
| 4 | How much will each of the repairs cost?   | ₹ |
|   | (a) Contract Works  |   |
|   | (b) Construction Plant, Machinery & Equipment   |   |
|   | (c) Third Party Property  |   |
| 5 | Details of loss or damage under other sections of the Policy                                      |   |
| 6 | Any witness(s) to the accident? Please give us their name(s), contact details and address(s)      |   |

**Have another insurance partner? We'll work as a team!**

|   |   |  |
|---|---|--|
| 1 | Please tell us who else is insuring the Insured Property with us. |  |
|---|---|--|

**Details of earlier losses:**

|   |  |  |
|---|--|--|
| 1 | Have you claimed before? Give us the details |  |
|---|--|--|

**Bank details for NEFT payment (Please attach a cancelled cheque)**

|   |  |
|---|--|
| Bank Name: _____  | Branch name: _____   |
| IFSC Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

**Declaration**

I/ We hereby declare that the information given by me/ us is to the best of my/ our knowledge and the information so furnished, is accurate/ correct. I/ We further agree and declare that if the above information/ part of the information given by me/ us is false/ incorrect, my/ our claim shall stand forfeited, the Policy shall be rendered null and void and all rights to recover thereunder in respect of past or future claims shall be forfeited. I/We also agree to render the Company with all help and information needed in recovering the amount of loss, or atleast a part of it, either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss.

 Date:          

Place: \_\_\_\_\_

Signature of Insured

---

Name and Designation  
(Stamp, where Insured is a juristic person)

**DISCHARGE VOUCHER**

**Claim Number:**

We've received the Cheque/NEFT/RTGS/IMPS bearing number: \_\_\_\_\_ dated:

in favour of \_\_\_\_\_ from M/s Edelweiss General Insurance Co. Ltd., for the sum of ₹

(Rupees \_\_\_\_\_) towards FULL AND FINAL settlement of our above mentioned claim under Policy number

caused to our Insured Property on

The assessment has been explained to us in detail and the assessment sheet has been shared with us. I/ We have agreed to the assessment thus made and thereby, agreed to the above mentioned payment particulars. I/ We, in accordance, discharge Edelweiss General Insurance Company Limited from any and all liabilities with respect to the above mentioned claim in full & final and also subrogate all my/ our rights to Edelweiss General Insurance Company Limited with respect to the above mentioned.

Date:

Place: \_\_\_\_\_

Signature of Insured

\_\_\_\_\_  
Stamp, where the Insured is a juristic person