

Details of the damage:

1	At what stage of completion was the project, when the accident happened?	
2	Will any change or improvement be made to design, construction or material when repairs are done?	
3	Was the damaged property/material going through testing?	
4	How the repairs will be carried out?	
5	How much will each of the repairs cost?	
	(a) Contract Works	
	(b) Construction Plant, Machinery & Equipment	
	(c) Third Party Property	
6	Details of loss or damage under other sections of the Policy	
7	Any witnesses to the damage? Please give us their Names and Addresses	

Have another insurance partner?

1	Please tell us who else is insuring this project with us	
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Details of earlier losses:

1	Have you claimed before? Give us the details	
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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"/>	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"/>

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 also further declare that if the above information/ part of the information given by me/us is false/ incorrect, the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited. I/We also agree to render the Company all help needed in recovering the amount of loss, or at least a part of it, either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss. I/We also agree to provide the additional information to the Company, if needed.

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 number: _____ dated: in favour of _____ from M/s Edelweiss General Insurance Co. Ltd., _____ for the sum of ₹ (Rupees _____)

for FULL AND FINAL settlement of our claim under Policy number: about the loss to our property _____ due to _____ dated

The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through it and agreed to the payment that is being made. We release M/s Edelweiss General Insurance Co. Ltd. from the above claim in full and final, and there are no other claim pending on this policy.

Date:

Place: _____

Signature of Insured

Name and Designation
Company's stamp (in case of company)