

This form won't take much of your time, we know you have urgent work to do.  
Also, a reminder that giving out this form does not mean that we have approved the claim.

**Policy Number:**

**Claim Number:**

**Title of the Contract Insured:** \_\_\_\_\_

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

**Your details:**

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

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Contract Site Address: \_\_\_\_\_  
\_\_\_\_\_

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

Contact No. 1:

Contact No. 2:

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

**Details of the accident- Consignment Details**

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



**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 \_\_\_\_\_) towards FULL AND FINAL settlement of our above mentioned claim under Policy number  with respect to the loss/ damage 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