

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.	

Details of the loss/ 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) Repairs carried out in-house	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Contract Works	
	(c) Construction Plant, Machinery & Equipment	
	(d) Third Party Property	
6	Details of loss or damage under the other sections of the Policy	
7	Any witnesses to the damage? Please give us their Names and Addresses	
8	Details of Manufacturer's warranty/guarantee	
9	Please tell us if anyone else is insuring this project with us.	
10	Have you made claims earlier? Please give us the details.	

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

Bank Name: _____	Branch name: _____																																																																						
IFSC Code: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td></tr> </table>																																			Account Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td><td style="width: 40px; height: 20px;"> </td></tr> </table>																																				

Declaration

I/We hereby declare that the information provided 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 provided by me/us is observed to be false/incorrect, the policy shall be 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 all necessary help in recovering the amount of the loss or a part thereof 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 necessary co-operation and additional information to the Company, if required.

Date:

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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 _____) towards FULL AND FINAL settlement of the above mentioned claim under the insurance policy, bearing number against the loss to our insured property at _____, due to _____, on _____.

The assessment has been explained to us in detail and we express our agreement to the same. In accordance, we accord our consent to the corresponding payment, as abovementioned. Further, we release Edelweiss General Insurance Co. Ltd. from any and all liabilities in relation to the abovementioned claim in full and final, and there is no other claim pending against the abovementioned insurance policy

Date:

Place: _____

Signature of Insured

Stamp, where the Insured is a juristic person