

Claim Form No: _____

CONTRACTORS PLANT AND MACHINERY INSURANCE - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. Customer ID			
3. Address of the Insured			
Plot No./Flat No.		Building Name	
Road		Area	
City		State	
Pin Code		Phone Number	
Mobile Number			
Email ID			
UID Aadhar No.		PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)			
CIN (In case of Corporate)		DOB/DOI	DD / MM / YYYY
4. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		

SECTION 2 - DETAILS OF THE LOSS OCCURED

5. a) Full description of the plant and machinery which was damaged	
b) Item number in the policy schedule	
c) Value of the damaged plant/machinery	

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Contractors Plant and Machinery Insurance. UIN: IRDAN103RP0005V02100001 / IRDAN103CP0012V01201920. IGI/MCOM/CO/EG-05/CF/VER. 1/1/230126.


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6. Date and time of loss:	Date / / Time / AM / PM
7. Name of the person(s) if any who witnessed the occurrence	
8. Details of damage sustained	
9. Cause of Damage	
10. State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer.	☐ Yes ☐ No
If so, state the nature of guarantee and guarantee period.	
11. Did the plant/machinery in question suffer any earlier damage due to accident?	☐ Yes ☐ No
If so, give particulars with details of repairs executed?	
12. In which section and for what purpose was the plant/machinery being used at the time of damage?	
13. Have the repairers commenced repairs?	☐ Yes ☐ No
If so, Give the name and address of the repairers.	
14. State nature of repairs and particulars of replacement of parts required.	
15. Estimate of the cost of repairs / replacement (Any major repairs are to be executed only with prior consent and approval of the company)	
16. State salvage value on the damaged items.	
17. Where can the damaged items be inspected?	
18. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof?	☐ Yes ☐ No
19. Please give any other particulars relevant to the damage.	



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SECTION 3 - BANK DETAILS

Would you like to opt for NEFT payment? ☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name	Branch Name		
A/C Holder Name as in Bank Record			
City	State		
Account No	IFSC Code		
(this is a 11 digit code printed on your cheque leaf)			

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

For assistance call **(022) 4890 3009 (Paid)**