

Claim Form No: _____

ERECTION ALL RISKS 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. Date and time of loss:	Date DD / MM / YYYY Time HH / MM AM / PM
6. State the site where the damage occurred? Name the nearest Railway station.	
7. Full description of the damaged property	
a) Property erected/under erection on site	

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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. Erection All Risks Insurance. UIN No.: IRDAN103RP0014V02100001 / IRDAN103CP0016V01201920. IGI/MCOM/CO/EG 02/EARI/CF/VER.1.1/230126.


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b) Property belonging to third party

8. What was the cause of damage? (eg. Defective materials, faulty design etc.). Give particulars of parts concerned

9. If damage occurred during testing, when did the testing commence?

10. Is any one responsible for the damage? Is there any possibility of recovery?

11. By whom was the accident witnessed?

12. State where the damaged item can be inspected should the company so desire?

13. How will the damage be repaired? (Please state in detail, whether any parts must be replaced; give weight and value of damaged parts.)

14. What is the estimated amount of loss/damage?

15. How did the damage occur? Please give in detail a sketch, wherever possible supported by statements of witness

16. What is the salvage or scrap value of the damaged parts to be replaced?

17. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof, where you are entitled to recover in respect of above loss or damage?

18. Do you wish to carry out repair yourself? ☐ Yes ☐ No

(or) Do you wish to entrust repairs to another firm (state the name of the firm and details)

19. Please give any other particulars relevant to the damage

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 hereby 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. Registered & Corporate Office: 6th Flr., Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

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