

Claim Form No: \_\_\_\_\_

**MACHINERY LOSS OF PROFIT POLICY - CLAIM FORM**

Issue of this claim form shall not be construed as an admission of Liability.

**As soon as Loss or Damage is known, the Company must be notified without delay. If any detail or information is not readily available, please not delay dispatch of this form and such particulars may be sent later.**

|                      |                |                                      |  |
|----------------------|----------------|--------------------------------------|--|
| 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                                                                     | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. F I R S T M I D D L E L A S T                                                                                               |               |  |
| 2. 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) |                                                                                                                                                                                                                     |               |  |
| 3. Do you have a GST Registration Number                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |               |  |
| If Yes, please specify                                                                     |                                                                                                                                                                                                                     |               |  |
| Profession/Occupation                                                                      | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |               |  |
| Monthly Income:                                                                            | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                  |               |  |
| 4. Period of Insurance                                                                     | From DD / MM / YYYY To DD / MM / YYYY                                                                                                                                                                               |               |  |

**SECTION 2 - DETAILS OF MACHINERY BREAKDOWN CLAIM**

|                               |                                          |
|-------------------------------|------------------------------------------|
| 1. Date & time of occurrence: | Date DD / MM / YYYY Time HH / MM AM / PM |
| 2. Location of Loss:          |                                          |
| 3. Description of incident:   |                                          |

4. Full details / Serial No. of the machinery which broke down as mentioned in Policy Annexure:

5. Cause of Machinery Breakdown:

6. Nature and Extent of the Machinery Loss:

7. Estimate of Loss due to Machinery Breakdown:- ₹

8. Name of Insurer for Machinery Breakdown policy if with the different Insurer:

### SECTION 3 - MACHINERY LOSS OF PROFIT CLAIM DETAILS

1. Whether any alterations have been made in the nature of business/occupation of the premise post inception of the policy,

☐ Yes ☐ No

(if yes, provide the details)

2. Period for which the insured business was interrupted due to reported breakdown:

3. Annual Turnover in the Preceding Financial Year:

4. Estimated reduction in Turnover/Output post Loss:

5. Estimated Reduction in Gross Profit post loss:

6. Standing Charges: (₹)

7. Expenses Incurred for Loss Minimization: (₹)

8. Statement of Claim:

9. Details of Previous Losses, (if any): (₹)

10. Do you wish to provide any additional information with respect to the claim:



[indusindinsurance.com](https://indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



**SECTION 4 - 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. Registered & Corporate Office:** 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden Coty, Off. Western Express Highway, Goregaon (E), Mumbai - 400063. For assistance call **(022) 4890 3009 (Paid)**

[indusindinsurance.com](https://indusindinsurance.com)


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

