

CONTRACTORS ALL RISK INSURANCE - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

Please return the completed form 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	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	FIRST MIDDLE LAST
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)		
4. 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	

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 constructed /under construction on site	



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, if any, 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 desires to do so?

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? (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.



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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 hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured _____

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held _____

Is any of your close relation or family member a PEP? Yes No

If yes, please mention the name and relation and the position held by such close relative/family member. _____

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).