

# **CONTRACTORS ALL RISK INSURANCE POLICY (RETAIL) Claim Form**

## Contractors All Risk Insurance Policy (Retail) Claim Form

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance*

*Do not dispose or destroy damaged parts/machinery without consent of surveyor/ Magma General Insurance*

### A. The Insured

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Site Supervisor's name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

### B. Policy Details

Policy No. \_\_\_\_\_

Period of Insurance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### C. Accident details

Date of occurrence \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ am/pm

Site address \_\_\_\_\_

Describe how the damage happened (please provide a sketch if appropriate)

\_\_\_\_\_

What is probable cause of the damage

\_\_\_\_\_

What is damaged  
Contract works

Yes ☐ No ☐

Construction Plant & Machinery Yes ☐ No ☐  
Property belonging to Third Party Yes ☐ No ☐

Date of arrival of above items to the site \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of damage to Third Party property, provide name & address of third party and what is damaged

\_\_\_\_\_

Is there any damage to existing/surrounding property Yes ☐ No ☐

Is anyone else responsible for the damage Yes ☐ No ☐

If yes, provide

details \_\_\_\_\_

Who is responsible for repairs

\_\_\_\_\_

Please give names and addresses of witnesses \_\_\_\_\_

#### **D. Estimated cost of Repairs/replacements**

Contract works	Rs. _____
Construction Plant & Machinery	Rs. _____
Property belonging to Third Party	Rs. _____
Owner's surrounding property	Rs. _____

Does the above estimate include alternations or improvements made to design, construction or material subsequent to damage repair : Yes ☐ No ☐

#### **E. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage

\_\_\_\_\_

#### **F. Details of previous losses, if any**

\_\_\_\_\_

#### **General**

Has the loss or damage been reported to the Police/Fire Brigade? : Yes ☐ No ☐

If yes, please attach a legible copy of FIR/Fire Brigade Report

Any measures taken to minimize the loss? : Yes ☐ No ☐

If yes, please provide details of the same \_\_\_\_\_

Any steps taken to prevent future recurrence : **Yes** ☐ **No** ☐  
If yes, please provide details (attach separate sheet if required) \_\_\_\_\_

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Period of contract \_\_\_\_/\_\_\_\_/\_\_\_\_  
State of completion of work (as on date of loss) \_\_\_\_\_

## DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : \_\_\_\_\_ Date : \_\_\_\_\_

Company's stamp :

Documents to be attached :