CONTRACTORS ALL RISK INSURANCE POLICY (COMMERCIAL)
Claim Form

Contractors All Risk Insurance Policy (Commercial)
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) _____

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 **:**