

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,
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CONTRACTORS' ALL RISKS INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

CCX

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED

Name of the insured: _____

Address: _____

Pin code:

Telephone No.: _____

E-mail Address: _____

If you are Contractor/Sub-Contractor - please provide the detail of the Principal also

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time & Date of loss: _____ (Hrs.)

Address of the site where loss has taken place: _____

Who noticed the loss & when: _____

Please attach a statement of the person.

The nature of loss :- Fire Burglary/Theft Act of God perils The handling loss

Please attach relevant reports

Circumstances leading to loss and cause: _____

Please attach separate sheet, if necessary.

Has the loss been reported to Fire Brigade/Police Authority Yes No

If Yes, please attach the copies of the report.

C. DETAILS OF AFFECTED/LOST PROPERTY

1. Contract works/owner's surrounding property

Item Number of the inventory/description of the property: _____

Sum Insured of the property affected: _____

2. Is Third Party Liability involved Yes No

If yes, please indicate & attach details TPPI TPPD Both

D. REPAIR & ESTIMATE DETAILS

Cost of the affected/Lost property/Item _____

Repair/Reinstatement Cost in case of damage to the property _____

E. IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS/DAMAGE

Yes No

If yes, please give the name and address

F. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

Date: _____

Place: _____

Signature of Insured