

Boiler & Pressure Plant Insurance Claim Form

The issue of this form is not an admission of liability. Please fill in all columns of the claim form. Attach Separate Sheet if the space is not sufficient.

A. Insured Details:

Policy Number:		Claim Number:	
Period of Insurance:	From	To	
Name:			
Address:			
Contact Number:	Landline:-	Mobile:-	
E-mail:			

B. Details of Accident:

Date & Time of Loss	
Name and contact details of witness	
Details of accident	
Cause of loss / damage	
Is FIR filed with police authorities? if Yes please provide details	
Has the explosion/collapse been notified to the Government/ Statutory/Local Authorities? If so, to whom and when?	
Cost of replacement of the affected machine by a new machine of the same type & capacity.	
What was the last Occasion before the damage when the machine was overhauled or attended to for maintenance or damage.	

C. Details of Item Effected:

Full description of Boiler in which explosion/ collapse has occurred	
Insured value of the Boiler which exploded/collapsed	
Damage to surrounding property of the insured, if any, directly resulting from the explosion/collapse:	
Details of Bodily injury / Property damage to third party?	
In the case of Steam Boilers/Economizers, Superheats please give particulars of the latest inspection certificates issued by the Government Inspection Department (True copies of certificates should be supplied):	
Was the Boiler at the time of accident operated within the conditions of pressure and temperature and other safety requirements specified by Boiler Inspector or other competent Authority :	

D. Details of Damage:

How did the damage occur and what was its probable cause?	
How will the damaged items be repaired?	
Estimated amount of damage	
In case of repairs to Boiler, please give names and addresses of approved repairer.	

D. Details of Other Insurances and Co-Insurances, if any:

Sr.	Name of the Company	Policy Number	Sum Insured
1.			
2.			
3.			

E. Details of Previous Loss:

Sr.	Date of Loss	Amount of Loss	Name of Insurance Company
1.			
2.			

I, undersigned confirm that the above given details are true & correct to the best of my/ our knowledge.

Place:

Date:

Signature of Insured

Shriram General Insurance Company Ltd.

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