



# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

## ENGINEERING CLAIM FORM (EAR / CAR / CPM)

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

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

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

### A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____ State _____		
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____
Limits of Indemnity under the Policy	_____		

### B. DETAILS OF LOSS

Date of Loss	__/__/____	Time	__:__ AM / PM
<b>LOSS LOCATION</b>			
Address line 1	_____		
Address line 2	_____		
City	_____	State	_____ Pin Code _____
Phone No.	_____	Mobile No.	_____ Email _____
Describe cause of Loss/Damage	_____		
Estimated Loss (Rs.)	_____		
(a) Construction Plant & Equipment	_____ , belonging to	<input type="checkbox"/> Contractor	<input type="checkbox"/> Insured.
(b) Contract Works	_____ , belonging to	<input type="checkbox"/> Contractor	<input type="checkbox"/> Insured.
(c) Third Party Property	_____		

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

**C. DETAILS OF OTHER INSURANCE**

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy  Yes  No

Name of the Insurer \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

Period of Insurance From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Amount of Insurance \_\_\_\_\_

**D. DETAILS OF OTHER INTEREST**

Is the insured sole owner of the property? If "No", specify details  Yes  No

Nature of Insured interest \_\_\_\_\_

Person/s who has interest on property \_\_\_\_\_

His nature of interest \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**E. DETAILS OF DAMAGED PLANT / WORKS / PROPERTY**

Description and Nature of Contract for existing work \_\_\_\_\_

Duration of Contract and estimated date of completion \_\_\_\_\_ months/years, \_\_\_/\_\_\_/\_\_\_\_\_

At what stage was the construction at the time of occurrence \_\_\_\_\_

Will the damaged items be repaired  Departmentally  Outside Firm

(please attach an estimate of repairs / replacements)

If by outside firm, name of the firm \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_ Phone no. \_\_\_\_\_

Will any alterations / improvements be made to design / construction or material when repairs are carried out  Yes  No  
If "Yes", please explain in detail \_\_\_\_\_

Are existing buildings / properties damaged at the time of occurrence?  Yes  No  
If "Yes", give details along with estimated value of damages \_\_\_\_\_

**F. DETAILS OF PREVIOUS LOSSES**

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

**G. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?  Yes  No

If "Yes", specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: