



THE NEW INDIA ASSURANCE COMPANY LIMITED
Regd & Head Office : New India Assurance Building,
87, M.G. Road, Fort, Mumbai – 400 001

CLAIM FORM

Contractor's All Risk Insurance

Policy No. _____

Claim No. _____

The Issue of this form is not to be taken as an admission of liability.

1	Claim No.	
2	Title of contract insured :	
3	Name(s) of Insured(s).	
4	Address(es) of Insured(s).	
5	Location and address of Contract Site:	
6	Name of Supervising Engineer	
7	Nearest Railway Station (Airport)	
8	Advisable approach route to contract Site from railway station (airport) or otherwise	
9	Which items were damaged ? (a) Contract works (b) Construction plant and equipment (c)Construction machinery	
10	When did the loss or damage occur? (State date and exact time)	



11	How did the damage occur and what was its probable cause ? (Attach sketches, photos etc.)	
12	How far had construction of the damaged item (s) progressed at the time of the occurrence of damage?	
13	Give name and address of witness to the occurrence :	
14	How will the damaged items be repaired	
15	Will any alterations or improvements be made to design, construction or material when repairs are carried out ?	
16	What are the estimated costs for the repairs of damage to (a) Contract Works? (b) Construction plant and equipment ? (c)Construction machinery?	
17	Is Third Party Liability involved ?	
18	Are existing buildings or surrounding property damaged ?	
19	Remarks	

• Please use additional pages, if required.

The undersigned Insured declares to have answered the above questions conscientiously and truthfully.

Dated:_____this_____day_____20_____

Signature



ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	