THE NEW INDIA ASSURANCE COMPANY LIMITED
87, M.G. Road, Fort, Mumbai – 400 001

CLAIM FORM

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

1	**Policy No. _____**	**Claim No. _____**
2	Period of Insurance	From_____ To_____
3	Name of Insured[s]	
	Address of Insured[s]	
	Contact Details	
	Mobile No. & Email ID	
4	If insured is not sole owner : the nature of his/their interest in the property	
	Mobile No	
	Email Id	
5	State the EAR/CAR Policy Number	
6	State the EAR/CAR Policy Period	From_____ To_____
7	Brief Description of Construction / Erection works to be carried out.	
	a] Is the Project : I] An extension of existing work Ii] A New Venture.	
	b] Date of Commencement of work and anticipated date of completion [handover following constructions or testing / commissioning]	
	c] Testing Period	From : To :
	d] Schedule date of commencement of Insured business	
	e] At which date after completion of testing / commissioning is full production to be reached?	

8	When did the loss or damage occur?	Date Time
	i]Loss Location Address	
	ii]What was the cause of the damage? How did it occur? (This question must be answered in detail and a sketch given wherever possible)	
	iii] What allowance exists for delays due to accident?	
9	A] Which items were damaged? [i] Civil Engineering Work [ii] Machinery Installation Work [iii] Any other project Material, please specify.	
	B] How far had construction/ erection of the damaged item[s] progressed at the time of the occurrence of damage ?	
10	Any alterations or improvements be made to design, construction or material when repairs are carried out ?	
11	What is the estimated amount of loss or Damage?	
	i] Are existing buildings or surrounding property damaged due to construction / erection work and which caused a delay in completion of business?	
	ii] Are existing buildings or surrounding property damaged due to construction / erection work and which lead to any loss of profit?	
	iii] Were there any seasonal events that would affect the completion and consequently affect the gross profit ?	
	• ALOP Sum Insured	
	• Period of Indemnity in months	
	• Time excess in days	

	• Probable Interruption of period	[in days]
	• Anticipated gross profit for the first year of operation	[monthly figures]
	• Details of any penalty agreements in connection with the contract work	
12	Whether loss intimated to :	
	Fire Brigade	
	Police / Other appropriate legal Authorities	
13	Has the property undergone any repairs previously ? If " Yes" What was the nature of such repairs?	
	(i) What was the annual turn-over for the last financial year?	Rs. _____
	(ii) What is the estimated reduction in turn-over due to interruption	Rs. _____
	(iii) What is the estimated loss of Gross Profit due to interruption	Rs. _____
	(iv) Standing Charges/Expenses incurred for Loss Minimization, if any	
	(v) Were there any person/organization, in your opinion, responsible for the loss? please provide details :	
	(vi) What steps have been taken to prevent recurrence of similar incidence ?	

14	Give details of insurance with any other insurance company on the risk involved				
	[Please give following details pertaining to all the policies involved accident:]				
	Name of Insurer	Address/ Contact Details	Policy No.	Period Of Insurance	Sum Insured
	Details of Previous Losses during the 3 preceding years				
	Date of loss	Claim Description and Cause of Loss	Estimated Loss	Name of Insurer	Claim Settled amount

- Please use additional page if required.

I, hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

_____

Signature

Date

Name of Insured/Claimant Insured/Claimant

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	