



UNITED INDIA INSURANCE COMPANY LIMITED  
(Regd. & Head Office: 24 Whites Road, Chennai-600 014.

CONTRACTOR'S ALL RISK INSURANCE -- CLAIM FORM

Policy No.	Claim No.
Sum Insured (Rs)	Period of Insurance
Name Address	
1. When did the loss or damage occur? (State date and hour)	
2. State the site where the damage occurred and name the nearest railway station	
3. Give details of the damage a) to construction property b) to property belonging to third parties	a. b.
4. What was the cause of the damage? (e.g. Defective materials, faulty design, give particulars of parts concerned)	
6. Is any one responsible for the damage? Is there any possibility of recovery?	
7. By whom was the accident witnessed ?	
8. State whether any damaged items can be inspected	

<p>9. How will the damage be repaired? (Please state in detail whether any parts must be replaced, give weight and value of damaged parts)</p>	
<p>10. What is the estimated amount of the loss or damage?</p>	
<p>11. How did the damage occur? (This question must be answered in detail giving a sketch, wherever possible and supported by statement of witnesses)</p>	
<p>12. What is the salvage or scrap value of damaged parts to be replaced?</p>	
<p>13. Give details of any other insurance under which you are entitled to recover in respect of the loss or damage.</p>	
<p>14. Do you wish to carry out repairs yourself? Do you wish to entrust repairs to another Firm? (State Name)</p>	

As soon as a loss has become known, the Company must be notified without delay on the present form. The agents are not authorized to accept notifications of loss or damage.

The undersigned policy-holder declares to have answered the above questions conscientiously and truthfully and are liable and fully responsible for the correctness and completeness of his statement.

Place

Date

SIGNATURE