



IFFCO TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi 110 017

Erection All Risk Insurance Claim Form

Claim No. _____

Date of Issue: _____

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please submit this form, duly filled & signed, within 15 days, from the date of occurrence.

Policy No.	
Insured:	
Address:	
Site of Erection:	
1. Description and value of items lost or damaged. (If Declaration Policy, quote reference number of Declaration)	
2. When did the item in question arrive at site?	
3. Date, time and place of loss or damage.	
4. Cause of loss or damage.	
5. By whom was the accident witnessed?	
6. Nature of damage sustained with full description.	
7. Specify the nature of Guarantee from the Supplier or the manufacturer of the damaged equipment. Are there any changes of the Supplier or Manufacturer indemnify the loss? If not state precisely the reasons.	
8. If damage occurred during testing, when did testing commence?	
9. State what repairs or replacements are required and estimated cost thereof.	
NOTE: Every effort should be made to give a Preliminary figure, it being understood that the eventual claim will not necessarily be limited to his estimate.	
10. Salvage or scrap value of damaged parts.	
11. Will it be necessary to:	
(a) Work overtime or on Sundays/Holidays in order to effect repairs?	
(b) Dispatch replacement parts by "Express Delivery"?	
12. State where damaged item can be Inspected should the company so desire.	
13. Was the loss or damage caused by a Third Party? If so give name and address of Third Party concerned.	
14. Are there any rights of recovery from Contractors/Sub-Contractors Suppliers/ Manufactures?	
15. Give details of any other Insurance under which you are entitled to recover in respect of this loss or damage.	
16. Please give any other particular relevant to the Loss / damage.	

I / We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that we have not withheld any material information which has a bearing upon the claim.

Name:
Date:

Designation:
Place:

Signature: