



Shri Contractor's Protection Package Policy– Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

1. INSURED DETAILS

1.	Policy Number:	Claim Number:
2.	Period of Insurance:	
3.	Name:	
4.	Address:	
5.	Contact Number:	Landline:- Mobile:-
6.	E-mail:	

2. Claim lodged under which section of the policy:

Section	Amount of Loss	Description of Loss
1. Contractor's Plant And Machinery Insurance		
2. Individual Personal Accident Insurance		
3. Marine Insurance		
4. Employee's Compensation Insurance		
5. Fidelity Guarantee Policy		

3. Particulars of Accident

- 1 Date & Time of occurrence:
- 2 What is the Cause of the damage?
- 3 State the site where the damage occurred and name of the nearest Railway Station



4 Give the details of the damage

- A to Contract Works
- B to Construction Plant & Equipment
- C to Property belonging to Third Parties

4. Details of the Damaged Section/ Works:

1.	How did the damage occur and what was its probable cause?(attach sketches, photos, etc)	
2.	How will the damaged items be repaired? Give name and address of the workshop where repair will be carried out.	
3.	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	

5. Details of Other Insurances and Co-Insurances, if any:

Sr.	Name of Company	Policy Number	Sum Insured
1.			
2.			

6. DETAILS OF PREVIOUS LOSS:

Sr.	Date of Loss	Amount of Loss	Name of Insurance Company
1.			
2.			

I/ We, undersigned confirmed that the above given details are true & correct to the best of my knowledge.

Date:

Place:

Signature of the Insured