



**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

**CONTRACTOR'S PLANT AND MACHINERY INSURANCE POLICY  
CLAIM FORM**

*The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Limited.*

**Insured Details**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_
3. Tel No.: Office: \_\_\_\_\_ Mobile \_\_\_\_\_
4. E-mail: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_ Mobile No. \_\_\_\_\_
6. E-mail of Contact Person: \_\_\_\_\_

**Policy Details**

1. Policy No.: \_\_\_\_\_ Period of Insurance: \_\_\_\_\_ to \_\_\_\_\_

**Details of Accident**

1. Date of Accident : \_\_\_\_\_ Time: \_\_\_\_\_
2. Location and Address of Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe how damage occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of last maintenance service/overhaul of machine. \_\_\_\_\_
5. Details of previous repairs if any. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Description of damaged machinery. \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Type: \_\_\_\_\_ Capacity: \_\_\_\_\_
7. Is there a Claim under Add on Covers? If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_
8. Total Claim under all sections. \_\_\_\_\_



**General Information**

1. Details of Other Insurances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Details of Previous Losses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Details of loss minimisation steps taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above *belong* to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

**Place:**

**Date:**

**Signature of Claimant**