



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

**CONTRACTOR'S ALL RISKS 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: _____ Fax No. _____
4. Contact Person: _____ Mobile No. _____
5. E-mail of Contact Person: _____

Policy Details

1. Policy No.: _____ Period of Insurance: _____ to _____

Details of Accident

1. Date of Accident : _____ Time: _____
2. Witness: _____

3. Site of Accident: _____

4. Describe how damage occurred. _____

5. What is Probable cause of Loss? _____

6. Please provide details of items damaged. _____

7. Estimate of Damage: _____
8. Will the Repairs be done In House? _____
9. If a Firm is engaged Please provide details? _____



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General Information

1. If Accident Reported to Police/Fire Brigade Please Provide Details. _____

2. If there is Damage to Surrounding Property/ Third Party. Please Provide Details. _____

3. Details of Other Insurances. _____

4. Details of Previous Losses. _____

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