



**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

**ERECTION 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: \_\_\_\_\_ 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. 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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**