RAHEJA QBE

Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022 69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

SURETY BOND INSURANCE - CLAIM FORM

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

Note:

1. Please read the claim form fully before answering the questions
2. All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
3. Please send the completed claim form, as soon as possible to us.
4. The claim form is to be completed and signed by the authorized person of Insured/ Claimant
5. Please ensure that all documents are self-attested by the authorized signatory.

Claim Reference No: _____Date of Submission: _____
(to be filled by Insurer)

Policy Number / Bond Number: _____

I. INSURED DETAILS

1. Name of Insured /Obligor (Contractor): _____
2. Address of Insured:_____

   _____

   City: _____State: _____Pin Code: _____
3. Contact Number: _____Email ID_____
4. GSTIN / PAN: _____
5. Represented By/Contact Person (if applicable): _____

   Phone Number: _____Mobile No: _____Email ID:_____

II. BENEFICIARY/CLAIMANT DETAILS

1. Name of Beneficiary / Obligee:_____
2. Address of Beneficiary: _____

   _____

   City: _____State: _____Pin Code: _____

   Contact Number: _____Email ID_____
3. Represented By/Contact Person (if applicable): _____

   Phone Number: _____Mobile No: _____Email ID:_____

III. BOND/POLICY DETAILS:

1. Project: _____
2. Policy Type: ☐ Conditional ☐ Unconditional
3. Contract Value (₹): _____Bond Value (₹): _____
4. Period of Insurance: From _____To _____

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5. Obligation Secured by the Bond: ☐ Bid Bond ☐ Advance Payment Bond
   ☐ Performance Bond ☐ Retention and Maintenance Bond
6. Whether the Bond was subject to any extension/ Renewal: ☐ Yes ☐ No
7. If yes, please mention revised expiry date: _____

IV. LOSS DETAILS:

1. Date and Time of Default: _____
2. Date / Time Discovered and by whom: _____
3. Location / Address of Loss: _____

   _____

   City: _____State: _____Pin Code: _____
4. Nature of Default (please specify): ☐ Non-performance ☐ non-completion ☐ Payment default
   ☐ Other (please specify): _____
5. Describe full circumstances of Loss, reasons for invoking Surety Bond, along with supporting information (Use additional sheets if space provided is insufficient.)

   _____

   _____

   _____

   _____

   _____
6. Date of Demand / Claim Notice served on Surety: _____
7. Amount Claimed under the Bond (₹) – please provide break-up:

   _____

   _____

   _____
8. Whether any cure / show-cause notice issued to the Obligor before invoking the bond? ☐ Yes ☐ No
   If yes, attach copy
9. Has the Insured/Obligor provided any explanation or dispute regarding the claim? ☐ Yes ☐ No
   If yes, attach copy
10. Has arbitration / legal proceeding been initiated between the Obligee and Insured/Obligor? ☐ Yes ☐ No
    If yes, provide details _____

V. BANK DETAILS (FOR CLAIM PAYMENT):

1. Payee Name (as per Bank Record): _____
2. Bank Account Number: _____
3. Bank Name & Branch: _____
4. IFSC Code: _____MICR Code:_____

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5. Account Type: ☐ Saving ☐ Current
6. PAN/ GSTIN of Beneficiary: _____
7. Attachment in support of bank details: ☐ Cancelled Cheque ☐ Bank Passbook Copy

**As per the IRDAI, it's mandatory that all payments made to the Beneficiary are only through electronic mode.*

VI. LIST OF DOCUMENTS SUBMITTED

- ☐ Copy of Surety Bond
- ☐ Contract agreement between the Beneficiary and the Insured
- ☐ Claim / Invocation Letter to the Surety
- ☐ Proof of invocation within Bond Validity
- ☐ Correspondence, progress reports, invoices, photographs or project documents.
- ☐ Evidence of Insured's inability to perform / discharge contractual obligation
- ☐ Default notices/ termination letters
- ☐ A certified copy of the award or judgement in favour of the Beneficiary (in case of court arbitration)
- ☐ Any other documents supporting the claim

VII. DECLARATION

☐ I/We confirm that no other surety bond or guarantee has been invoked for the same obligation.

☐ I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void. We understand that the Company reserves the right to request additional information for claim assessment.

Date:

Place:

_____

Signature of the Claimant or any authorized person