

Contractors Plant & Equipment Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period	
Type	
Details of Insured:	
a) Name of the insured in full	
b) Address of insured	
c) Details for business activity of the firm and number of years in operation	
Details of incident:	
a) Day, date, and time	
b) Cause of loss	
c) Place of incident (on site / off site). Provide full address of the site	
d) Give complete details of loss	
e) Is a third party involved in the accident? If so, who is liable for the accident - please give full details of claimed amount	Property damage: Bodily injury:
Details of the damaged equipment:	
Which equipment was damaged?	
a) Make	
b) Model	
c) Plate no.	
d) Registration no.	
e) Engine / Chassis no.	

f) Sum Insured	
Details of driver / operator:	
a) Name	
b) Nationality	
c) Sex and age	
d) Driving operating license # Validity Type of license	From To
Estimate of repairs:	
a) Equipment	
b) Third party property damage / injury / death	
Other details and information:	
a) How will the damaged items be repaired/ replaced, by whom & where?	
b) Is recovery possible from any other party? If yes, have you lodged a claim? Please give full particulars (name, address etc.)	
c) When did you lodge a written complaint with the police / civil defense authorities of the incident? Attach copy of that complaint and police report	
d) Are you the sole owner of the damaged property?	
e) Attach incident report about the sequence of events, signed by authorized signatory	
f) Any witness to the incident? If so, please attach witness statement	
g) Give details of previous instances when a similar loss had occurred involving the same equipment / location / premises	

h) Has recovery been achieved, through police or directly)? If yes, please give details thereof	
i) Is there any other insurance cover for the same equipment? If so, give full particulars	
j) Improvements proposed / effected to avoid a recurrence	

DECLARATION:

1. I/We the above named being insured under the above policy do hereby declare and set forth that an incident occurred at the above-described premises/location in the manner stated and the items/articles enumerated in the list attached and valued at sum of _____ were damaged.
2. I/We do further declare that no other person has any interest in the said property, whether as owners, mortgagee, trustee or otherwise, and that it not otherwise insured against the described risk(s), with this or any other office, except as above stated.
3. I/We do further declare that to the best of my/our knowledge and belief that the information provided is true & correct.

Signature of the Insured: _____

Name: _____

Date: _____ Stamp: _____