

**BOILER & PRESSURE PLANT INSURANCE POLICY (RETAIL) - CLAIM FORM**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

**A. INSURED**

Name _____	
Address line 1 _____	City _____ Pin Code _____
Address line 2 _____ State _____	
Phone No. _____	Mobile No. _____ Email _____
Business/Occupation _____ Period of Insurance From __/__/____ To __/__/____	
Limits of Indemnity under the Policy _____	

**B. DETAILS OF LOSS**

Date of Loss __/__/____	Time _____ AM / PM
<b>LOSS LOCATION</b>	
Address line 1 _____	
Address line 2 _____	
City _____ <input type="checkbox"/> <input type="checkbox"/>	State _____ Pin Code _____ <input type="checkbox"/> <input type="checkbox"/>
Phone No. _____	Mobile No. _____ Email _____
Describe cause of Loss/Damage _____	
_____	
Estimated Loss (Rs.) _____	

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? Yes No	Have any authority been informed about Accident / Loss? If "Yes", specify Yes No
If "Yes", specify	Name of the Authority _
Name of the witness _____	Contact Person _____
Address line 1 _____	Authority reference no. _
Address line 2 _____	Address line 1 _____
City _____	Address line 2 _____
State _____	City _____ State _____
Pin Code _____	Pin Code _____
Phone No. _____	Phone No. _____ Mobile No. _____
Mobile No. _____	Email _____
Email _____	

**C. DETAILS OF OTHER INSURANCE**

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____
Address line 1 _____
Address line 2 _____
City _____ State _____ Pin Code _____
Phone No. _____ Mobile No. _____
Policy No. _____ Email _____
Period of Insurance From __/__/____ To __/__/____ Amount of Insurance _____

This is an Internal document.

**D. DETAILS OF OTHER INTEREST**

Is the insured sole owner of the property? If "No", specify details  Yes  No

Nature of Insured interest \_\_\_\_\_

Person/s who has interest on property \_\_\_\_\_

His nature of interest \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**E. DETAILS OF DAMAGED BOILER / PRESSURE PLANT**

Description and Capacity of Boiler & Pressure Plant  
\_\_\_\_\_

Manufactured by and Year of Make \_\_\_\_\_

Date of expiry of manufacturer's guarantee \_\_\_\_/\_\_\_\_/\_\_\_\_

Cost of replacement of the affected item by a new item of same description Rs. \_\_\_\_\_

Whether the plant covered under any Annual Maintenance Contract  
If "Yes", please provide a copy of the contract and give below details :  Yes  No

Name of company \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_ Phone no. \_\_\_\_\_

Has the Plant undergone any repairs for damages previously  Yes  No  
If "Yes", nature of repairs \_\_\_\_\_

Date of such repairs \_\_\_\_/\_\_\_\_/\_\_\_\_

Will the damaged plant be repaired  Departmentally  Outside Firm  
(please attach an estimate of repairs / replacements)

If by outside firm, name of the firm \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_ Phone no. \_\_\_\_\_

Will any alterations / improvements be made to design / construction or material when repairs are carried out  Yes  No  
If "Yes", please explain in detail \_\_\_\_\_

Are existing building / properties damaged at the time of occurrence?  Yes  No  
If "Yes", give details alongwith estimated value of damages \_\_\_\_\_

**F. DETAILS OF PREVIOUS LOSSES**

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

**G. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?  Yes  No

If "Yes", specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is an Internal document.

**Declaration**

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at [www.universalsompo.com](http://www.universalsompo.com) and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Signature:

Date:

Name of Insured:

Toll free: 1-800-22-4030. Helpline: 022-26748600. Email: [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)