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Universal Sampo General Insurance Co. Ltd.

Regd. & Corporate Office: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063.

CLAIM FORM - CONTRACTOR'S PLANT & MACHINERY INSURANCE POLICY - RETAIL

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

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

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

LOSS LOCATION

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

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 Yes No
If "Yes", specify	Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone 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 Yes 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 _____

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D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of Insured interest _____	
Person/s who has interest on property _____	
His nature of interest _____	
Address line I _____ Address line 2 _____	
City _____ State _____ Pin Code _____	
Phone No. _____ Mobile No. _____ Email _____	

E. DETAILS OF DAMAGED PROPERTY

Description and Nature of Contract for existing work _____	
Duration of Contract and estimated date of completion _____ months / years, __ / __ / ____	
At what stage was the construction at the time of occurrence _____	
Will the damaged items be repaired	<input type="checkbox"/> Departmentally <input type="checkbox"/> Outside Firm
(please attach an estimate of repairs / replacements)	
If by outside firm, name of the firm _____	
Address line I _____ 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain in detail _____	
Are existing buildings / properties damaged at the time of occurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify _____	

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.universalsampo.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.

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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:

Date:

Signature of Insured

**Toll free: 1-800-22-4030 / 1800-200-4030.
Email: contactclaims@universalsompo.com**