

This is an Internal document.

## 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   |
| <b>LOSS LOCATION</b>                          |            |                                 |   |
| Address line 1                                | _____      |                                 |   |
| Address line 2                                | _____      |                                 |   |
| City  | _____      | State                           | _____ Pin Code _____  |
| Phone No.                                     | _____      | Mobile No.                      | _____ Email _____   |
| Describe cause of Loss/Damage                 | _____      |                                 |   |
| Estimated Loss (Rs.)                          | _____      |                                 |   |
| <b>WITNESS DETAILS</b>                        |            | <b>INFORMATION TO AUTHORITY</b> |   |
| Is any witness available for accident / loss? | Yes        | No                              | Have any authority been informed about Accident / Loss? If "Yes", specify |
| If "Yes", specify                             |            |                                 |   |
| Name of the witness                           | _____      |                                 |   |
| Address line 1                                | _____      |                                 |   |
| Address line 2                                | _____      |                                 |   |
| City  | _____      |                                 |   |
| State   | _____      |                                 |   |
| Pin Code                                      | _____      |                                 |   |
| Phone No.                                     | _____      |                                 |   |
| Mobile No.                                    | _____      |                                 |   |
| Email   | _____      |                                 |   |
|   |            |                                 | Name of the Authority _____   |
|   |            |                                 | Contact Person _____  |
|   |            |                                 | Authority reference no. _____   |
|   |            |                                 | Address line 1 _____  |
|   |            |                                 | Address line 2 _____  |
|   |            |                                 | City _____ State _____  |
|   |            |                                 | Pin Code _____  |
|   |            |                                 | Phone No. _____ Mobile No. _____  |
|   |            |                                 | 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 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 ☐ Departmentally ☐ 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 ☐ Yes ☐ No

If "Yes", please explain in detail \_\_\_\_\_

Are existing buildings / properties damaged at the time of occurrence? ☐ Yes ☐ No

If "Yes", give details along with 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Declaration

- 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.
- 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.
- 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.

This is an Internal document.

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](mailto:contactclaims@universalsompo.com)**