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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 FOR CONTRACTOR ALL RISK INSURANCE (RETAIL)

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 delays 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
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	<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 _____

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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 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 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 buildings / 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 _____

Declaration

- I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.
- 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.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