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**UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED**

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

**MACHINERY/BOILER LOSS OF PROFIT INSURANCE - CLAIM FORM**

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

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by USGI.*

*Do not dispose off or destroy damaged property without consent of surveyor/USGI.*

**A. The Insured** Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**B. Policy Details of Machinery/Boiler loss of profit Insurance**

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

**C. Policy details of MBD / BPP Policy under which material damage loss has been preferred**

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

Period of Insurance \_\_\_\_\_ to \_\_\_\_\_.

Name of the Insurer \_\_\_\_\_

**D. Loss Details**

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Date/Time Discovered \_\_\_\_\_ By whom \_\_\_\_\_

Location/Address of Loss \_\_\_\_\_

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

Premises occupied as \_\_\_\_\_

Describe fully circumstances of Loss, how it happened, what caused the Loss

\_\_\_\_\_

Period for which your business has been interrupted from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

What is the Standard Output / Turnover? \_\_\_\_\_

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What is the estimated reduction in output / turnover? \_\_\_\_\_

What is the estimated Loss of Gross Profit? \_\_\_\_\_

Claim under Add on covers \_\_\_\_\_

Total Claim under all Sections (Separate Claim Bill may be attached) \_\_\_\_\_

**D. General** (Put a tick  in the appropriate )

1. Is there any other insurance in force providing cover for this loss or damage? Yes  No   
If yes, please provide name of Insurer(s), policy no. and copy of Policy \_\_\_\_\_

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance? Yes  No   
If yes, please provide details of the same \_\_\_\_\_

3. Have you ever suffered any loss or damage leading to interruption in Production in the past?  
Yes  No   
If yes, please provide Date, Amount of Loss and Name of Insurer \_\_\_\_\_

3. Did you take any measures to minimize the loss? Yes  No   
If yes, please provide details of the same \_\_\_\_\_

4. Are there any steps taken to prevent a reoccurrence? Yes  No   
If yes, please provide details (please attach separate sheet if required) \_\_\_\_\_

5. Was there another person/Organisation, in your opinion, responsible for the loss or damage?  
Yes  No   
If yes, please provide name, address & phone no. \_\_\_\_\_

6. Was there any witness(es) to the incident? Yes  No   
If yes, please provide name, address, phone no. and enclose statement from the witness \_\_\_\_\_

7. Are you the sole owner of the premises/property? Yes  No   
If not, please provide details of other interested parties \_\_\_\_\_

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8. Whether required repairs / replacements are carried out in respect of material damage claim under MBD policy and whether the machinery is fully re-instated to its full working capacity. If so please provide complete details there of \_\_\_\_\_

or

If not please indicate the time required for the same?

**IMPORTANT NOTICE**

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED)

**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.

Signature of Insured: \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp

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**Documents to be attached:**