

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED

ERECTION ALL RISK CLAIM FORM

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

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delays dispatch of this form and such particulars may be sent later.

Claim Number: _____

Policy Number: _____

A.	INSURED	
1.	Name	
2.	Address	
3.	City	
4.	Telephone Number	
5.	Period of Insurance	From To
B.	PARTICULARS OF ACCIDENT	
1.	Date & Time of Occurrence:	
2.	State the site where the damage Occurred.	
3.	Give the details of the damage (a) to Insured Property (b) to Property belonging to Third Parties	
4.	What was the cause of the damage?	
5.	Is anyone responsible for the damage? If yes, state details of person on separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there any possibility of recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	DETAILS OF THE DAMAGED SECTION/WORKS	
1.	How will the damage be repaired?	
	Please state in detail whether any parts must be replaced	
	Give weight and value of damaged parts	

2.	What is the Estimated amount of the loss or damage?	Rs.
3.	How did the damage occur?	
	(This question must be answered in detail giving a sketch wherever possible, and supported by statement of witnesses)	
4.	Do you wish to carry out repairs yourself? (Or)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to entrust repairs to another Firm? (If yes, state name)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	DETAILS OF OTHER INSURANCES	
	Give details of other Insurances, if any, covering the present loss	
E.	DETAILS OF PREVIOUS LOSSES	
	Give details of previous Claims, if any, on the project	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Signature and Stamped of the Insured

Date : _____

Place: _____