

## CLAIM FORM FOR ADVANCE LOSS OF PROFIT INSURANCE

Notification of Physical Loss or Damage

**(The issue of this form is not to be taken as an Admission of Liability)**

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

**PLEASE ANSWER ALL QUESTIONS FULLY**

Title of contract insured :		
Name and address of Insured:		
Location and address of Contract Site:		
Name and Contact nos. of Supervising Engineer at the Contract Site		
1	Brief description of Construction / Erection works to be carried out.	
2	Is the project : i) An extension of existing work ii) A new venture	
3	Date of commencement of work and anticipated date of completion ( handover following construction or testing/ commissioning)	
4	Testing period From & To:	From: DD/MM/YYYY To: DD/MM/YYYY
5	Schedule date of commencement of insured business	
6	At which date after completion of testing / commissioning is full production to be reached?	

Claim Form  
Advance Loss of Profit

**Liberty General Insurance Limited**, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

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IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0031V01201213

7	What allowance exists for delays due to accidents?	
8	Which items were damaged? (a) Civil Engineering Work (b) Machinery Installation Work (c) Any other Project Material, please specify	
9	When did the loss or damage occur? (State date and exact time)	Date: Time:
10	How did the damage occur and what was its probable cause?	
11	How far had construction/ erection of the damaged item (s) progressed at the time of the occurrence of damage?	
12	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	
13.	What are the estimated costs for the repairs of damage?	
14.	Are existing buildings or surrounding property damaged due to construction / erection work and which caused a delay in completion of business?	
15.	Are existing buildings or surrounding property damaged due to construction / erection work and which lead to any loss of profit?	
16.	Were there any seasonal events that would affect the completion and consequently affect the gross profit?	
17.	Any other bottlenecks faced in meeting the completion, give reasons.	
18.	Intended normal working hours?	

19.	Period of delay	
20.	Maximum Indemnity period	
21.	Anticipated gross profit for the first year of operation monthly figures	
22.	Details of any penalty agreements in connection with the contract work	
23.	Any other remarks	

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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.

Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

**Signature of the Insured**