

CLAIM FORM FOR BOILER AND PRESSURE PLANT INSURANCE POLICY

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 :
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PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
	i)	Name
	ii)	Address for correspondence
	iii)	Contact Number
	iv)	Is the Insured the Sole Owner of the property? If yes please Provide
	a.	Nature of Interest
	b	Person who have interest on Property along with address and contact details
2.	When did the loss or damage occur? (State date and time)	
3.	The address where the property (item) covered is situated.	
4.	DETAILS OF ITEM AFFECTED	
	i)	Description and capacity of Boiler and pressure Plant

	ii)	Manufactured by and Year of Make	
	iii)	Is the damage item under Manufacturer's warranty / Guarantee, if so give details	
	iv)	Whether the plant covered under any Annual Maintenance Contract, if Yes Provide name and address of AMC company	
6		What is the estimated amount of loss or damage?	
7		What was the cause of the damage and how did it occur?	
8		How did the damage occur? (This question must be answered in detail)	
9		Address where the damaged items can be inspected	
10		Details of any other existing insurance	
11		Any additional information relevant to processing of claim :	

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.

Liberty General Insurance Limited – Claim Form- Boiler and Pressure Plant

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

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Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0025V01201213

- 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