



Eloham Risk Solution

Industrial "All Risks" Insurance Claim Form

To be completed by the Insured

INSURED DETAILS

Name	<input type="text"/>	Policy No	<input type="text"/>
Address	<input type="text"/>	Claim No	<input type="text"/>
Contact Person	<input type="text"/>	Designation/ Position	<input type="text"/>
E-mail	<input type="text"/>	Tel. No	<input type="text"/>

LOSS OR DAMAGE DETAILS

- Date of damage
- Full description of the damaged Network Mast/Tower
- List other accessories attached to the damaged Network Mast/Tower before the loss.
- What was the condition of the damaged Network Mast/Tower before the loss?
- Date of purchase/Installation of the damaged Network Mast/Tower
- Was the Network Mast/Tower purchased new or second-hand?
- Is the damaged Network Mast/Tower under guarantee?
- Is the damaged Network Mast/Tower subject of a Hire Purchase Agreement?
- Where can the damaged Network Mast/Tower be inspected?
- What is the cost of the damaged network mast/tower (Brand New)?
- How much would you value the NetworkMast/Tower under its present condition before the loss?

CIRCUMSTANCE/CAUSE(S) OF LOSS

Describe in full circumstance of loss/damage. Include date and time.

Describe the possible cause(s) of loss

Suspects
(Name & Address)

EXTENT OF DAMAGE/REPAIR DETAILS (INSURED PROPERTY)

1. What part of the Network Mast/Tower is/are damaged. List all the parts affected.

2. Is the damage repairable?

Yes State the estimated cost of repairs ₹

No State the amount being claimed ₹

3. Were quotations obtained?

No Yes If so, was it Verbal Written (attach at least 3 copies)

4. Details of repairer (Main repairer as agreed with Adjusters)

Name

Telephone No Contact

5. Have repairs commenced?

No Yes If so, state commenced Date / / Name of authorising person

6. Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

7. Have any temporary repairs been made?

No Yes Describe the repairs

Cost: ₹

8. Is there any additional work, other than the repairs as a result of damage, being completed while the plant is down?

No Yes Describe the repairs

Cost: ₹

9. Have you paid the repair account?

Yes No

EXTENT OF DAMAGE/REPAIR DETAILS (INSURED'S SURROUNDING PROPERTY)

1. Were insured's surrounding property damaged as a result of the damage to the mast? Yes No

2. If so, list all the surrounding properties of insured damaged.

3. What part of the surrounding property(ies) is/are damaged. List all the parts affected.

4. Is the damage repairable?
 - Yes State the estimated cost of repairs
 - No State the amount being claimed

5. Were quotations obtained?
 - No Yes If so, was it Verbal Written (attach at least 3 copies)

6. Details of repairer (Main repairer as agreed with Adjusters)
 - Name
 - Telephone No Contact

7. Have repairs commenced?
 - No Yes If so, state commenced Date Name of authorising person

8. Indicate whether repairs will entail:
 - Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

9. Have any temporary repairs been made?
 - No Yes Describe the repairs
 - Cost: ₺

10. Is there any additional work, other than the repairs as a result of damage, being completed while the property is down?
 - No Yes Describe the repairs
 - Cost: ₺

11. Have you paid the repair account? Yes No

EXTENT OF DAMAGE/REPAIR DETAILS (THIRD PARTY PROPERTY)

1. Were third party(ies) properties damaged as a result of the damage to the Mast? Yes No

2. If so, list all the third party properties damaged.

3. What part of the third party property(ies) is/are damaged. List all the parts affected.

4. Is the damage repairable?
 - Yes State the estimated cost of repairs
 - No State the amount being claimed

5. Were quotations obtained?
 - No Yes If so, was it Verbal Written (attach at least 3 copies)

6. Details of repairer (Main repairer as agreed with Adjusters)
 - Name
 - Telephone No Contact

7. Have repairs commenced?
 - No Yes If so, state commenced Date Name of authorising person

8. Indicate whether repairs will entail:
 - Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

9. Have any temporary repairs been made?
 - No Yes Describe the repairs
 - Cost: ₺

10. Is there any additional work, other than the repairs as a result of damage, being completed while the property is down?
 - No Yes Describe the repairs
 - Cost: ₺

11. Have you paid the repair account? Yes No

DEATH/BODILY INJURY EXTENT (THIRD PARTY)

1. Was there any bodily injury or death to any third party as a result of the damage to the mast? Yes No

2. Are the victims alive? Yes No

3. If so list the name(s) and address(es) of third party(ies) involved.

Names	Address

4. What part of the body were injured? List the parts affected with the corresponding third party names.

Names	Address

5A. State the estimated cost of treatment

5B. State the amount being claimed as compensation on deceased

6. Details of Hospital (Hospital as agreed with Adjusters)

Name

Telephone No

Contact

7. Have treatment commenced?

No Yes

If yes, state commenced Date

State date concluded

Name of authorizing person

CONTROL SYSTEM(S)

1. Did you suspect failure of any part or safety control systems which could have alerted your operator? Mention the controls and explained how it failed.

2. When were the safety control systems last inspected/serviced? Attach evidence of last servicing/maintenance and inspection records

STATUTORY INSPECTION DETAILS

1. Is the damaged Network Mast/Tower subject to statutory inspection? Yes No If YES, how often?

2. When was the last statutory inspection carried out and by who?

3. Were there recommendations for implementation in the reports? Yes No If YES, how many recommendations?

4. Were all the recommendations implemented? Yes No If NO, how many recommendations were not implemented?

5. List the recommendations not implemented and the reason(s) why they could not be implemented.

Recommendations	Reasons for not implementing
<input type="text"/>	<input type="text"/>

6. Attach copy of last statutory inspection report and recommendations for implementation.

SERVICING/MAINTENANCE DETAILS

1. Is the damaged Network Mast/Tower regularly serviced/maintained? Yes No If YES, how often do you maintain it?

2. What kind of maintenance is carried out on the damaged Network Mast/Tower?

3. When was the damaged Network Mast/Tower last maintained and what does the maintenance entail?

SUMMARY OF THE LOSS ESTIMATE

1. Extent of damage/repair details (Insured Property)

2. Extent of damage/repair details (Insured Surrounding Property)

3. Extent of damage/repair (Third Party property)

4. Death/Bodily Injury Extent (Third Parties)

TOTAL LOSS ESTIMATE

OTHER INSURANCES ON THE LOST/DAMAGED ITEMS

Insurers Policy No

DECLARATION

I/we declare that to the best of our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information required on this claim.

Signature of Insured or person with authority to sign for or on behalf of the Insured Date: