



BHAKUNI Insurance Surveyors & Loss Assessors Pvt. Ltd.

(Formerly known as H.S. Bhakuni & Co.) • CIN: U93090MH2008PTC186441

Corp. Lic. No: 72467 (FELLOWSHIP - Approved by IRDA, Ministry of Finance, Govt. of India)

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MARINE • FIRE • ENGINEERING • MISC. • AVIATION • CARGO SUPERINTENDENTS • RISK INSPECTION • VALUERS • CHARTERED ENGINEERS

FIRE / FLOOD / CYCLONE / AOG PERILS SURVEY

FORMAT

SURVEY REPORT NO. _____ , INVOICE NO. _____

REF NO. 1ST REM. 2ND REM. FINAL REM. _____

REMARK: _____

DATE OF APPLICATION & FROM: _____

DATE & PLACE OF SURVEY: _____

THE INSURER ADD, TEL, FAX & CONTACT. PERSON CELL NO.	_____

THE INSURED ADD, TEL, FAX & CONTACT. PERSON CELL NO.	_____

NAME OF THE OTHER () NAME TEL, FAX & CONTACT. PERSON CELL NO.	_____

<u>INSURANCE PARTICULARS</u>	
TYPE OF POLICY & NO.	
PERIOD OF INSURANCE	
TOTAL SUM INSURED & COVERING BREAKUP	
SUBJECT INSURED	
RISK LOCATION OF INSURED SUBJECT	
TIME & DATE OF INCIDENT OCCURRED	
DATE INFOR. TO INSURERS	
DATE OF INTIM. RECEIVED	
DATE & PLACE OF SURVEY	
REASON OF DELAY FOR INTI.	
<u>SCHEDULE BACKGROUND OF INSURED</u>	
NAME OF ORGANIZATION (PROPRIETOR/PARTNER/DIRECTOR) NAME & ADDRESS OF BRANCHES	
YEAR OF COMPANY'S ESTABLISHMENT :	
NATURE OF BUSINESS & ANNUAL TURNOVER IN Rs.:	

NOS. OF EMPLOYEE & WORKING HRS.:
WEEKLY OFF-DAY :
PREMISES OWNERSHIP OR RENTAL :
PREMISES OCCUPANCY OF HOW MANY YEARS:
<u>CONSTRUCTION</u>
NO. OF ROOMS :
TOTAL AREA :
NO. OF FLOORS OF BLDG.:
WALLS :
CEILINGS / ROOFS:
FLOORINGS :
STRUCTURE / FRAME WORK :
INTERNAL LOFT IF ANY/MEZZANINE/BASEMENT :
WATER TANKS DETAILS:
NUMBER OF ENTRANCES / BACK ENTRANCE / ANY PRESENT (ELABORATE):
TYPE OF ENTRANCE GATE/SHUTTER:
COMPOUND WALL&/OR FENCING ITS RUNNING FEET & HEIGHT:

PRESENCE OF NALLA:
SAFETY MEASURES PRESENT IN THE PREMISES LIKE FIRE PROTECTION SYSTEM, EXTINGUISHER, FIRE ALARM SYSTEM ETC:
CONDITION OF THE BUILDING STRUCTURE OF PREMISES I.E. NEW, OLD, AVERAGE, DEPLORABLE ETC(ELABORATE):
HEIGHT OF INSURED'S PREMISES & COST OF THAT:
CCTV INSTALLED DETAILS:
<u>INSPECTION, OBSERVATION & VERIFICATION</u>
DATE & TIME OF LOSS:
DISCOVERED BY:
ACTION TAKEN TO CONTROL THE LOSS :
HEIGHT OF WATER IN THE INSURED'S PREMISES & VISIBLE SIGN MARKS (ELABORATE):
POINT OF ORIGIN OF FIRE/FLOOD/CYCLONE/STORM/AOG PERIL(ELABORATE):
ENTRANCE OF WATER IN THE PREMISES I.E. FROM OUTSIDE, WALL , WINDOW, ROOF ETC (ELABORATE):

DATE INFORMED TO POLICE STN. :
DATE INFORMED TO FIRE BRIGADE:
STOWAGE CONDITIONS OF STOCKS PRESENT IN THE PREMISES:
PLANT & MACHINERY, F.F.F, ELECTRICAL FITTING, ASSETS INSTALLED IN THE PREMISES DETAILS WITH YEAR OF MFG:
<u>CAUSE OF DAMAGE/LOSS</u>
<u>SALVAGE OR DESTRUCTION DETAIL</u>
<u>DETAILS OF REPORTED DAMAGES OF THE CONTENTS & ESTIMATED LOSS</u>
<u>ON ACCOUNT PAYMENT DETAIL</u>

