



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)

285, SUCHETA NIWAS, #31 & 39, 4th FLOOR, S. BHAGAT SINGH MARG, FORT, MUMBAI - 400 001

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

ENGINEERING (MBD, MI, EEI) SURVEY FORMAT

SURVEY REPORT NO. _____ . INVOICE NO. _____ .

REF NO. _____ 1ST REM. _____ 11ND 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 OUTHER () 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	
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.	
TYPE OF MACHINERY MAKE MODEL/ DETAILS WITH SERIAL NO.	
YEAR OF MANUFACTURE	
SAFETY DEVICES	
<u>SCHEDULE BACKGROUND OF INSURED</u>	
NAME OF ORGANISATION (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 :
CEILLINGS / ROOFS:
FLOORINGS :
STRUCTURE / FRAME WORK :
INTERNAL LOFT IF ANY/MEZZANINE/BASEMENT :
NUMBER OF ENTRANCES / BACK ENTRANCE / ANY PRESENT (ELABORATE):
TYPE OF ENTRANCE GATE/SHUTTER:
COMPOUND WALL:
SAFETY MEASURES PRESENT IN THE PREMISES LIKE FIRE PROTECTION SYSTEM, EXTINGUISHER, FIRE ALARM SYSTEM ETC:
HEIGHT OF INSURED'S PREMISES & COST OF THAT:

CCTV INSTALLED DETAILS:
<u>INSPECTION, OBSERVATION & VERIFICATION</u>
DATE & TIME OF LOSS:
DISCOVERED BY:
STATUS OF REPORTED MACHINERY/ITEM AT THE TIME OF INSPECTION:
REPORTED DAMAGE DETAILS OF MACHINERY/ITEM & SR NO:
ASSET ID/NO. IF GIVEN BY INSURED
SERVICE REPORT OBTAINED FROM OEM:
CAUSE OF DAMAGE/LOSS:
DETAILS OF REPORTED DAMAGES OF COMPONENTS/ MACHINERY/ITEM & ESTIMATED LOSS:
WARRANTY DETAILS:

