



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

ENGG/MISCELLANEOUS (THIRD PARTY LIABILITY)

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.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
THE INSURED ADD, TEL, FAX & CONTACT. PERSON CELL NO.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
NAME OF THE OUTHER () NAME TEL, FAX & CONTACT. PERSON CELL NO.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<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.	
SAFETY DEVICES	
<u>SCHEDULE BACKGROUND OF INSURED</u>	
NAME OF ORGANISATION (PROPRIETOR/PARTNER/DIRECTOR) NAME & ADDRESS OF BRANCHES	
PRINCIPAL ORGANIZATION NAME:	
CONTRACTORS ORGANIZATION NAME:	
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:
IF AN ERECTION/CONSTRUCTION SITE I.E. OPEN PLOT:
<ul style="list-style-type: none"> • TOTAL AREA: • TYPE OF CONSTRUCTION/ERECTION SITE: • IS THE SAID SITE TOTAL ERECTION/WORK COMPLETED &/OR NO WORK BEING CONDUCTED: • CONSTRUCTION/ERECTION/TESTING STATUS:
<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:
SECURITY ARRANGEMENTS & SHIFT:
<u>INSPECTION, OBSERVATION & VERIFICATION</u>
DATE & TIME OF LOSS:
DISCOVERED BY:
IF MACHINERY/EQUIPMENT THE PROVIDE MAKE MODEL & SR.NO.:
REPORTED DAMAGE DETAILS & SR NO:
ASSET ID/NO. IF GIVEN BY INSURED:
SERVICE REPORT OBTAINED FROM OEM:
CAUSE OF DAMAGE/LOSS:
DETAILS OF REPORTED TOTAL QUANTITY & DETAILS WHICH ARE DAMAGE & ESTIMATED LOSS:

