

Contractors All Risk - CLAIM FORM

The issue of this form is not to be taken as an admission of liability.

Policy No _____

Notification of Loss or Damage for Contractor's All Risk Insurance

Claim No: _____

Title of contract insured _____

Name(s) and address(es) of insured (s) _____

Location and address of contract site _____

Name of supervising engineer _____

Nearest railway station(airport) _____

Advisable approach route to contract site from railway station (airport) or otherwise

- 1) Which items were damaged?
 a) Contract works b) Construction plant and equipment c) Construction machinery
- 2) When did the loss or damage occur? (state date and exact time) _____
- 3) How did the damage occur and what was it probable cause? (attach sketches, photos etc.) _____
- 4) How far had construction of the damaged item progressed at the time of the occurrence of damage? _____
- 5) Give name and address of witness to the occurrence _____
- 6) How will the damaged items be repaired _____
- 7) Will any alterations or improvements be made to design, construction or material when repairs are carried out? _____
- 8) What are the estimated costs for the repair of damage to
 a) Contract works b) Construction plant and equipment c) Construction machinery
- 9) Is third party liability involved? _____
- 10) Are existing buildings or surrounding property damaged? _____
- 11) Remarks _____

The undersigned Insured declares to have answered the above questions conscientiously and truthfully.

Dated _____ this _____ day of _____ 200 _____

Signature box

Signature of the Claimant

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