

Contractors All Risk Insurance Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period of Insurance	From To
Title of contract insured	
Location and address of contract site	
Name of supervising engineer	
Details of insured:	
a) Name of the insured (in full)	
b) Address of the insured	
c) Details of the insured company's business activity and number of years in operation	
Other details and information:	
1) Nearest railway station / airport	
2) Easiest access to contract site from railway station / airport	
3) When did the loss occur? Day, date, and time	
4) What was damaged (explain which part, and to what extent?) a) Contract works b) Construction plant and equipment c) Construction machinery	
5) Have damages occurred to third parties? a) Property damage b) Bodily injury	
6) How did the loss occur and what was the probable cause? (Please provide sketches, photographs and, if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings)	
7) Was there a witness to the loss? If so, please give names, professions, and addresses	
8) How are the damaged items repaired? Estimated time?	
9) Are any alterations to or improvements of design, execution or construction materials affected whilst	

repairs are being made?	
10) Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? If so, to what extent and why?	
11) What is the estimated repair cost for damages to: a) The contract works b) The construction plant and equipment c) The construction machinery	
12) What is the estimated indemnity for third party liability claims? a) Property damage b) Bodily injury	
13) Were any existing buildings or surrounding property damaged? If so, what caused the damage? And what is the estimated claim amount?	
14) Let us know whether, prior to the commencement of work, you had inquired with the relevant authorities about the exact position of Underground Cables/facilities/services etc. and what precaution had been taken to avoid this damage?	

DECLARATION:

I/We, the undersigned insured declares that the answers to the above questions are given consciously and truthfully.

Signature of the Insured: _____

Name: _____

Date: _____

Stamp: _____