



CONTRACTORS ALL RISKS CLAIM FORM

The issuance of this form is not to be taken as an admission of liability by the insurer

1. Insured(s) Name(s) and address(es)

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Policy Number

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Title of Contract Insured

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Address of Contract Site

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Supervising engineer's name

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Phone no.

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2. When did the loss or damage occur?

Date:

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Time:

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3. When was notice first given to the Insurer?

To whom?

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By whom?

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4. Are there any witnesses?

Yes

No

If yes, please give names, profession, and addresses

Name

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Profession

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Address

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5. Which item/part was damaged? (give full details)

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6. How far had the construction/erection of the damaged item progressed at the time of the occurrence

What percentage completed/ on trail

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7. How did the damage occur and what was its problem cause?

(Please attach sketches, photos, if available, indication on amounts of rainfall, water levels, rates of flow, police reports, and newspaper cuttings)

8. Does the damage show any sign of faulty material/design/bad workmanship? Yes No

If yes, Please provide details

9. Are any alteration to or improvements of design, construction execution, or material being effected whilst repairs are being made? Yes No

If yes, please provide details

10. How will the damage be repaired? Please indicate estimated repair period

11. What are the estimated repair costs? (please enclose repair estimate(s), showing breakdown into material costs, labour charges including man hours worked and freight charges)

12. Was there any (a) Third party Property damage or (b) Personnel Injury? Yes No

If yes, please provide details

What is the estimated indemnity for third party liability claims?

a) Property

b) Personal Injury

13. Were there any existing buildings or surrounding property damaged? Yes No

If yes, Please provide details

What is the estimated claim amount?

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully

Signature and Stamp of the InsuredDated: