

## Contractors' All Risks Claim Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

<b>1 - Policy no.:</b> _____ <b>Name of Insured:</b> _____ _____ <b>Phone Contact No.</b> _____	<b>Claim No.:</b> _____ <b>Address:</b> _____ _____ <b>Email:</b> _____
<b>Location and address of contract site:</b>	
Name of supervising engineer:	
<b>2 - When did the loss/damage occur?</b>	<b>Date:</b> _____ <b>Time:</b> _____
<b>3 - Which items were damaged?</b>	<input type="checkbox"/> Contract Works <input type="checkbox"/> Construction Plant & Equipment <input type="checkbox"/> Underground Facility <input type="checkbox"/> Other Item
<b>4 - How did the damage occur and what was its probable cause?</b> (Attach sketches, photos, police report, etc.)	
<b>5 - How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?</b>	
<b>6 - Are there any witnesses?</b> If so, give names, professions & addresses,	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Profession
Address	
<b>7 - Will any alterations or improvements be made to design, construction or material when repairs are carried out?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8 - What are the estimated costs for the repair of damage to?</b>	
<b>a - Contract Works:</b>	<b>b. Construction Plant &amp; Equipment:</b>
<b>c. Underground Facility:</b>	<b>d. Other Item:</b>

9 a) Is Third Party Liability involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If so, give details of property damaged or bodily injury. :	
c) Estimated amount of claim:	
10 - Are existing buildings or surrounding property damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 - If the claim is in respect of damage to underground facilities, please mention :	
i) Whether the exact position of such facilities was ascertained from authorities prior to commencement of works.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Whether any machine excavation was done within one meter of the under-ground facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 – Any other additional:	
Contact Person:	Phone no.:
Position :	Fax no.:

**Insured Declaration**

<p><b><u>Official Stamp:</u></b></p>       <p>Date:</p>	<p>I (We) confirm and certify that the above details are true and correct.</p> <p><b><u>Signature:</u></b></p>   <p>Date:</p>
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