

Claim form Contractor's All Risk Insurance

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company.
Kindly answer all questions completely in order to help us to serve you better

Policy No. _____

Claim No. _____

	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 its probable cause? (Attach sketches, photos etc.)	
4	How far had construction of the damaged item (s) 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 repairs 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 _____ 20_____

Signature
