

Claim Form Contractors All Risks Insurance

The Issue of This Form Is Not To Be Taken As An Admission Of Liability

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy Number: _____

A. INSURED	
1.	Name : _____
2.	Address : _____
	City : _____ Pin Code: _____
3.	Telephone Number : _____
4.	Period of Insurance : From: _____ To: _____
5.	Name of Supervising Engineer : _____
B. PARTICULARS OF ACCIDENT	
1.	Date & time of occurrence : _____
2.	State the site where the damage occurred and name the nearest Railway Station : _____
3.	Give the details of the damage:
	a) to Contract Works : _____
	b) to Construction Plant & Equipment : _____
	c) to Property belonging to Third Parties : _____
4.	What was the cause of the damage? : _____
5.	Is any one responsible for the damage? : <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, state details : _____
6.	Is there any possibility of recovery? : <input type="checkbox"/> Yes <input type="checkbox"/> No
C. DETAILS OF THE DAMAGED SECTION/WORKS	
1.	How did the damage occur and what was its probable cause? (attach sketches, photos, etc) : _____
	How far had the construction of the damaged item(s) progressed at the time of the occurrence of damage? : _____
2.	How will the damaged items be repaired? : _____
3.	Will any alterations or improvements be made to design, construction or material when repairs are carried out? : <input type="checkbox"/> Yes <input type="checkbox"/> No

4.	Give name & address of witness to the occurrence	:	
5.	Are existing buildings/surrounding properties damaged?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is Third Party Liability involved?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	What are the estimated costs for repair of damage to:	:	
	a) Contract Works	:	
	b) Construction Plant & Machinery	:	
	c) Third Party Property	:	
	d) Owner's Surrounding Property	:	
D.	DETAIL OF OTHER INSURANCES		
	Give details of other Insurance, if any, covering the present loss	:	
E.	DETAILS OF PREVIOUS LOSSES		
	Give details of previous Claims, if any, on the project	:	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Date:

Signature

Place: