



CONTRACTORS' ALL RISKS CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

CLAIMS HOTLINE – 0501447071 / 0501447063

1. Insured Name(s) and address(es) of insured(s) _____

Title of contract _____

Location and address of contract site _____

Name of supervising engineer _____

Nearest railway station/ airport _____

Easiest access to contract site from railway station/ airport _____

2. When did the loss occur? _____

Time _____ Date _____

3. What was damaged? _____

Explanation (Which parts? To what extent?)

Contract works _____

construction plant and equipment _____

construction machinery _____

4. Has damage occurred to third parties?

Property damage yes/no Bodily injury yes /no



CONTRACTORS' ALL RISKS CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

CLAIMS HOTLINE – 0501447071 / 0501447063

5. How did the loss occur and what was the probable cause? _____

(Please append sketches, photographs, and, if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings.)

6. Are there any witnesses to the occurrence of the loss? yes / no

If so, please give names, professions and addresses

7. How are the damaged items to be repaired? _____

Estimated time? _____

8. Are any alterations to or improvements of design, execution or construction materials being effected whilst repairs are being made? yes / no

9. Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? yes / no

If so, to what extent and why? _____



CONTRACTORS' ALL RISKS CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

CLAIMS HOTLINE – 0501447071 / 0501447063

10. What are the estimated repair costs for damage?

a) The contract works? _____

b) The construction plant and equipment? _____

c) The construction machinery? _____

Property damage

11. What is the estimated indemnity for third party liability claims?

Bodily injury _____ property damage _____

12. Were any existing buildings or surrounding property damaged? Yes/no

If so, by what? _____

Estimated claims amount _____

13. Remarks _____

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

Executed at _____

Date _____ Signature _____