



ERECTION ALL RISKS CLAIM FORM

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

CLAIMS HOTLINE – 0501447071 / 0501447063

1. Title of contract insured Name(s) and address of insured(s) _____

a. Location and address of contract site _____

b. Name of supervising engineer _____

c. Nearest railway station/ airport _____

d. Easiest access to contract site from railway station/ airport _____

2. When did the loss or damage occur? _____

_____ Time: _____ Date: _____

3. When was notice first given? _____ To whom? _____

_____ To the Insurer? _____ By whom? _____

4. Are there any witnesses? yes /no

5. If so, please give names, professions and addresses. _____

6. Which item was damaged?



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7. Erection works Civil engineering works Construction/erection machinery
Construction/erection equipment

8. Item No. in Specification of Policy Schedule _____

9. Sum insured _____

10. Name of manufacturer _____

11. Type of machine _____

12. Year of manufacture _____ serial number _____
_____ (Please give full details as on manufacturer's plate.)

13. Description of damaged item (capacity, r.p.m., weight, etc.) _____

14. How far had the erection of the damaged item progressed at the time of the
occurrence? _____ %complete on trial

15. 5. Which parts were damaged? _____
_____ If more than one scheduled item is affected, please complete one form
per item.

16. 6. How did the damage occur and what was its probable cause? _____

_____ Please attach sketches, photos; if available,



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indication on amounts of rainfall, water levels, rates of flow; police reports and newspaper cuttings.

17. 7. Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes/no If so, please give details. _____

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

19. If so, please give details. _____

20. 9. How will the damaged item be repaired, by whom and where? _____

21. Please indicate estimated repair period. _____

22. 10. What are the estimated repair costs? _____

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

24. If so, to what extent and why? _____

25. 12. Was any third party or surrounding property damaged? yes no

26. If so, please give details. _____

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

28. Property damage _____ Bodily injury _____



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29. Were any existing buildings or surrounding property damaged? yes no
30. If so, by what? _____ Estimated claims amount? _____

31. Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges.
32. The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.
33. Executed at _____

Date _____ Signature _____