

**CONTRACTOR'S ALL RISKS INSURANCE CLAIM FORM**

The issuing of this form is not to be taken as an admission of liability by the Insurer

**Claim No.** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

1. 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	_____ _____	
Easiest access to contract site from railway station/airport	_____ _____	
<hr/>		
2. When did the loss occur?	Time:	Date:
3. What was damaged?	Explanation (Which parts? To what extent?)	
	<input type="checkbox"/> contract works <input type="checkbox"/> construction plant Equipment <input type="checkbox"/> construction machinery	
4. Has damage occurred to third parties?	<input type="checkbox"/> property damage <input type="checkbox"/> bodily injury	
<hr/>		
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.)	_____ _____ _____ _____	
<hr/>		
6. Are there any witnesses to the occurrences of the loss? If so, please give names, profession and addresses	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	

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?

---

---

---

9. Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items?  
If so, to what extent and why?

Yes       No

---

---

---

10. What are the estimated repair costs for damage

- a) the contract works
- b) the construction plant and equipment?
- c) the construction machinery?

---

---

---

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

---

---

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: \_\_\_\_\_

