



**CONTRACTORS' ALL RISK CLAIM FORM INSURED'S DETAILS**

Name of project/Contract \_\_\_\_\_

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

Phone no: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**DESCRIPTION OF LOSS/DAMAGE**

Type Of Claim: \_\_\_\_\_ Location of Contract site \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Property Involved: (Year, model number and make if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Description of Loss/Damage \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimate cost of Loss/Repairs

\_\_\_\_\_

**DESCRIPTION OF THE PROPERTY FOR WHICH THIS CLAIM IS MADE**

(1) Date of purchase or Manufacture

(2) Cost price

(3) Deduction for age, use and wear and tear

(4) Amount claimed

(5) TOTAL Third Party Details (if Any)

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY**

(a) Is there any Third party property damage?

\_\_\_\_\_

(b) Estimate of Third party damage.

\_\_\_\_\_

(c) Were there at the time of the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, Please write "NO"

\_\_\_\_\_

(d) What was the total value of the property insured by the policy at the time of loss?

\_\_\_\_\_

(e) Were any existing buildings or surrounding property damaged? Yes \_\_\_\_\_ No \_\_\_\_\_

(f) If so by what? \_\_\_\_\_

(g) Are any alterations to or improvements of design, execution or construction materials being affected whilst repairs are being made?

\_\_\_\_\_

\_\_\_\_\_

I/We declare that the above is a full and accurate statement and that the sum claimed, is further declare that no other person except \_\_\_\_\_ has any interest in the said property.

Date \_\_\_\_\_ Signature/Stamp of Insured \_\_\_\_\_

**PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED**

**(The company does not admit liability by the issue of this form)**

