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CONTRACTORS' ALL RISK
CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

The completion of this form is not to be taken as an admission of liability by the insurer

1. Claim No._____ Title of contract insured_____

Name(s) of insured(s)_____ Address(es) of insured(s)_____

Location of contract site_____ 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 the damaged? Explanation (which parts? To what extent?)

- Contract works_____
- Construction plant and equipment_____
- Construction machinery_____

4. Has damage occurred to third parties?

- Property Damage_____
- Bodily injury_____

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?

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?

10. What are the estimated repair costs for damage to

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?

Property damage

Bodily injury

12. Where any existing buildings or surrounding property damaged? ☐ Yes ☐ No

If so, by what?

Estimated Claims amount

13. Comments