

GEMINIA INSURANCE COMPANY LIMITED

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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 _____
