

**GEMINIA INSURANCE COMPANY LIMITED**

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# Notification of Loss or Damage for Contractors' All Risks Insurance

**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(s) of insured(s) \_\_\_\_\_

Location and address of contract site \_\_\_\_\_

Name of supervising engineer \_\_\_\_\_

Nearest 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?

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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? \_\_\_\_\_

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Estimated Claims amount \_\_\_\_\_

13. Comments

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The undersigned insured declares to have answered the above questions conscientiously and truthfully.

Issued \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_