# CONTRACTORS ALL RISKS CLAIM FORM

## A  INSURED

1. NAME: 

2. ADDRESS & E-MAIL: 

3. TELEPHONE NUMBER: 

4. POLICY NUMBER: 

5. PERIOD OF INSURANCE: 

6. NAME OF SUPERVISING ENGINEER: 

7. NAME OF PROJECT MANAGER: 

## B  PARTICULARS OF ACCIDENT

1. DATE & TIME OF OCCURRENCE: 

2. STATE THE SITE & LOCATION WHERE THE DAMAGE OCCURRED: 

3. GIVE THE DETAILS OF THE DAMAGE: 

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<th>To Contact works</th>
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<tr>
<td>b</td>
<td>To Construction Plant &amp; Equipment</td>
<td></td>
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<tr>
<td>c</td>
<td>To property belonging to Third parties</td>
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4. **WHAT WAS THE CAUSE OF THE DAMAGE?**

5. **IS ANYONE RESPONSIBLE FOR THE DAMAGE?**  
   YES/NO

6. **IF YES, STATE DETAILS**

**C DETAILS OF THE DAMAGED SECTION/WORKS**

1. **HOW DID THE DAMAGE OCCUR AND WHAT WAS ITS PROBABLE CAUSE?**  
   (ATTACH SKETCHES, PICTURES ETC)

2. **HOW FAR HAD THE CONSTRUCTION OF DAMAGE ITEM(S) PROGRESSED AT THE TIME OF THE OCCURRENCE OF DAMAGE?**

3. **HOW WILL THE DAMAGED ITEMS BE REPAIRED?**

4. **WILL ANY ALTERATIONS OR IMPROVEMENT BE MADE TO DESIGN, CONSTRUCTION OR MATERIAL WHEN REPAIRS ARE CARRIED OUT?**

5. **GIVE NAME & ADDRESS OF WITNESS TO THE OCCURRENCE**

6. **ARE EXISTING BUILDING/SURROUNDINGS PROPERTIES DAMAGED**

7. **IS THIRD PARTY LIABILITY INVOLVED?**  
   YES/NO
### IF YES STATE DETAILS

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### WHAT ARE THE ESTIMATED COST FOR REPAIR OF DAMAGE TO

- **a** Contract works
- **b** construction Plant & machinery
- **c** Third Party Property
- **d** owner’s surrounding property
- **e** Removal of Debris

### D DETAIL OF OTHER INSURANCES

1. **GIVE DETAILS OF OTHER INSURANCE, IF ANY, COVERING THE PRESENT LOSS**

### E DETAILS OF PREVIOUS LOSSESS

1. **GIVE DETAILS OF PREVIOUS CLAIMS, IF ANY, ON THE PROJECT**

### DECLARATION

I/WE HEREBY DECLARED THAT THESE PARTICULARS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND I/WE HAVE IN NO MANNER CAUSED THE LOSS NOR BY ANY FRAUD OR MISREPRESENTATION SOUGHT TO BENEFIT THEREBY. I ACCEPT THAT INSURERS WOULD BE AT LIBERTY TO DENY LIABILITY IN PART OR IN FULL IF THE ABOVE WRITTEN ANSWERS ARE FALSE OR INACCURATE IN ANY ASPECT.

__________________________
SIGNATURE & COMPANY STAMP OF INSURED

__________________________
DATE