Policy No. _____





Claim No.

The Issue of this form is not to be taken as an admission of Liability

	Notification of Loss or Damage for C
Claim	No.
Title o	f contract insured :
Name(s) and address(es) of Insured(s).	
Location and address of Contract Site:	
Name of Supervising Engineer	
Neare	st Railway Station (Airport)
1	able approach route to contract Site ailway station (airport) or otherwise
1	Which items were damaged ?
	(a) Equipments
	(b) Construction plant and equipment
	(c) Construction machinery
2	When did the loss or damage occur?
	(State date and exact time)
3	How did the damage occur and what was its probable cause ?
	(Attach sketches, photos etc.)

4	How far had construction of the damaged item (s) progressed at the time of the occurrence of damage?	
5	Give name and address of witness to the occurrence :	
6	How will the damaged items be repaired.	
7.	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	
8.	What are the estimated costs for the repairs of damage to	
	(a) Repairs of Equipments	
	(b) Construction plant and equipment ?	
	(c) Construction machinery?	
9	Is Third Party Liability involved ?	
10.	Are existing buildings or surrounding property damaged ?	
11	Remarks	

IMD Code: 10000006	
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The undersigned Insured de and truthfully.	clares to have a	nswered the above questions	consciention	ously
Dated	this 20		day	of
Signature				