



The issue of this form is not to be taken as an admission of liability

Policy No \_\_\_\_\_

**Notification of Loss or Damage for Contractor's All Risk insurance**

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Claim No.

Title of contract insured:

Name(s) and address(es) of insured (s) :

Location and address of Contract Site :

Name of supervising Engineer :

Nearest railway station (airport) :

Advisable approach route to contract Site  
from railway station (airport) or otherwise

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1. Which items were damaged ?

- (a) Contract works.
  - (b) Construction plant and equipment
  - (c) Construction machinery
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2. When did the loss or damage occur?  
(State date and exact time)

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3. How did the damage occur and what  
Was its probable cause?  
(Attach sketches, photos etc.)

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4. How far had construction of the damaged  
Item progressed at the time of the  
Occurrence of damage?

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5. Give name and address of witness to the  
occurrence:

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6. How will the damaged items be repaired.



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7. Will any alterations or improvements be made to design, construction or material when repairs are carried out?

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8. What are the estimated costs for the repair of damage to

- (a) Contract works?
- (b) Construction plant and equipment
- (c) Construction machinery

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9. Is Third party Liability involved?

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10. Are existing buildings or surrounding property damaged ?

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11. Remarks

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

Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Signature \_\_\_\_\_

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