

Contractors' All Risks Claim Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

1 - Policy no.: _____ Name of Insured: _____ _____ Phone Contact No. _____	Claim No.: _____ Address: _____ _____ Email: _____		
Location and address of contract site:			
Name of supervising engineer: _____			
2 - When did the loss/damage occur?	Date: _____	Time: _____	
3 - Which items were damaged?	<input type="checkbox"/> Contract Works <input type="checkbox"/> Construction Plant & Equipment <input type="checkbox"/> Underground Facility <input type="checkbox"/> Other Item		
4 - How did the damage occur and what was its probable cause? (Attach sketches, photos, police report, etc.)			
5 - How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?			
6 - Are there any witnesses? If so, give names, professions & addresses,	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Profession	Address	
7 - Will any alterations or improvements be made to design, construction or material when repairs are carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8 - What are the estimated costs for the repair of damage to?			
a - Contract Works:	b. Construction Plant & Equipment:	c. Underground Facility:	d. Other Item:

