

**CONTRACTORS ALL RISKS CLAIM FORM**

Contractors’ All Risks

**OWN DAMAGE (including HIRED-IN PLANT)**

**CLAIM FOR LOSS**

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Number: |  | Date: |  |
| Name of Insured: |  | | |
| Address: |  | | |
| Telephone Number: |  | | |
| Trade or Occupation: |  | | |

|  |  |
| --- | --- |
| 1. Exact location of site at which loss or damage occurred: |  |
| 2. Name and telephone number of Site Agent: |  |
| 1. Are Insured still working on site? YES/NO   Date and time of loss or damage: |  |
| 4. How did loss or damage occur? (continue on separate sheet if necessary) |  |
| 5. (a) Date Police advised of loss: |  |
| (b) Address of Police Station involved: |  |
| 6. What conditions of contract or hire were in force: |  |
| 7. Has Certificate of Completion been issued for any part of the works or has any part been taken over by the Principal? |  |
| 8. Was damage attributable to any Third Party?  If so, please give details: |  |
| 9. Is any other insurance in force which would cover this loss? If so, give full details: |  |

I /We declare that all statements made on this form are true to the best of my/our knowledge and belief.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signed: |  |

**PARTICULARS OF WORKS, TEMPORARY WORKS, MATERIALS OR CONSTRUCTIONAL PLANT LOST OR DAMAGED**

1. The pieces of any broken plant or material must be preserved.

2. Supporting accounts or receipts should be submitted with this form if available.

3. Where definite repair costs are not known, please state approximately cost in column (Remarks).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description of works, Temporary works, materials or Constructional plant lost or damaged | State to whom  Property belonged | When and where  purchased | Price  Paid | | Deduction for wear & tear, age, etc | Amount  Claimed | Remarks |
|  |  |  |  | |  |  |  |
|  | | | | **TOTAL AMOUNT**  **CLAIMED** | |  |  |
|  |