

Claim Form



Notification of Loss or Damage for Contractor's All Risk Insurance

The issuing of this form is not to be taken as an admission of liability by the insurers

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :		Off :	Mob :
Date of Birth :		National Identity Card :	
Intermediary :			
Title of contract insured :			
Location and address of site :			
Date and Time of occurrence :			
Description of items damaged :			
Contract works :			
Construction plant and equipment :			
Construction machinery :			
Has damage occurred to third parties ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Property Damage :			
Bodily Injury :			
How did the loss occur and what was the probable cause ?			
Please attach sketches, photos etc			
Details of any witnesses :			

