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Covering Risk. Improving Lives.

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CONTRACTORS' ALL RISK CLAIM FORM

INSURED'S DETAILS

- **Name of Project/Contract:** _____
- **Name of Insured:** _____
- **Address:** _____
- **Phone No.:** _____
- **Policy Number:** _____

DESCRIPTION OF LOSS/DAMAGE

- **Type of Claim:** _____
- **Location of Contract Site:** _____
- **Date of Occurrence:** _____
- **Time:** _____
- **Description of Property Involved (Year, Model Number, Make if applicable):** _____
- **Description of Loss/Damage:** _____
- **Estimated Cost of Loss/Repairs:** _____

DESCRIPTION OF THE PROPERTY FOR WHICH THIS CLAIM IS MADE

- **Date of Purchase/Manufacture:** _____
- **Cost Price:** _____
- **Deduction for Age, Use, Wear & Tear:** _____
- **Amount Claimed:** _____

TOTAL: _____

THIRD PARTY DETAILS (if any)

- **Is there any Third-Party Property Damage?** Yes ☐ No ☐
- **Estimate of Third-Party Damage:**

  _____

ADDITIONAL QUESTIONS

1. Were there at the time of occurrence any other insurance in force on the property, whether effected by you or by any other person?
   - If yes, give full particulars: _____
   - If no, write "NO"
2. What was the total value of the property insured by the policy at the time of loss?

   _____
3. Were any existing buildings or surrounding property damaged?
   - Yes ☐ No ☐
   - If yes, by what? _____
4. Are any alterations or improvements of design, execution, or construction materials being effected whilst repairs are being made?

   _____

DECLARATION

I/We declare that the above is a full and accurate statement and that the sum claimed is correct. I further declare that no other person except _____ has any interest in the said property.

Data Collection Consent:
I consent to the collection, verification, processing, storage, and lawful use of my data for identification, regulatory compliance, and the provision of insurance services.

Date: _____
Signature/Stamp of Insured: _____

⚠ *Please make sure that all questions have been answered. The company does not admit liability by the issue of this form.*