

ALLIANCE INSURANCE
CONTRACTORS ALL RISKS CLAIM FORM

1. INSURED

a) Full Name: -----

b) Address: -----

c) Telephone No. -----

d) Email Address: -----

e) Policy No. -----

f) Period of Insurance: -----

g) Name of Supervising Engineer: -----

h) Name of Project Manager: -----

2. PARTICULARS OF ACCIDENT

a) Date & Time of Occurrence: -----

b) State the site & location where the damage occurred: -----

c) Give the details of the damage: -----

(i) To Contact works: -----

(ii) To Construction Plant & Equipment: -----

(iii) To property belonging to Third Parties: -----

d) What was the cause of the damage? -----

e) Is anyone responsible for the damage? YES NO

f) If yes, state details: -----

3. DETAILS OF THE DAMAGED SECTION/WORKS

a) How did the damage occur and what was its probable cause? Attach sketches, pictures etc.)

b) How far had the construction of damage item(s) progressed at the time of the occurrence of damage? -----

c) How will the damaged items be repaired? -----

d) Will any alterations or improvement be made to design, construction or material when repairs are carried out? -----

e) Give name & address of witness to the occurrence: -----

f) Are existing building/surroundings properties damaged? -----

g) Is third Party Liability involved? YES NO

h) If yes, state details: -----

4. WHAT IS THE ESTIMATED COST FOR REPAIR OF DAMAGE TO:-

a) Contract works: -----

b) Construction Plant & machinery: -----

c) Third Party Property: -----

d) Owner's surrounding Property: -----

e) Removal of Debris: -----

5. DETAIL OF OTHER INSURANCES

a) Give details of other Insurance, if any, covering the present loss: -----

6. DETAILS OF PREVIOUS LOSSESS

a) Give details of previous claims, if any, on the project: -----

DECLARATION

I/We hereby declared that these particulars are true to the best of my/our knowledge and belief and I/We have in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I/We accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.

Signature of Insured: -

Date:-