



CONTRACTORS ALL RISK - CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

Policy Number:	Claim No:
Period of Insurance: From:	To :

1.	Name of the Insured	
2.	Address for communication P.B.No. P.C.No. Location Tel.No. GSM No. Fax No. Email Id:	
3.	Date and time of occurrence of loss	
4.	State and address of the site where the damage occurred	
5.	Give the details of the damage a) to Contract Works b) to Construction Plant& Equipment c) to Property belonging to Third parties d) to Insured surrounding properties	





6.	What was the cause and extent of damage?	
7.	Is any one responsible for the damage? If yes, please give details	Yes/No
8.	Is there any possibility for recovery?	
9.	State the extent of progress of contract at the time of loss/damage.	
10.	Third Party liability claims a) Property damage description with estimate b) Bodily injury description with estimate c) Details of damage/Loss to surrounding property with estimate	
11.	Detail of any alterations or improvements on design, construction or materials to be used, If so give details	Yes/No
12.	Is Third Party Liability involved, If so give details	
13.	Give details of other insurance, if any, covering the same loss	
14.	Give details of previous claims, if any, on the project	





I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Place:
Date:

Signature of the Insured

