



CONTRACTOR'S ALL RISK INSURANCE CLAIM FORM	
Policy No:	
Claim No :	
Period of Insurance:	
Insured:	
Address:	
Location or Construction/Plants:	
1.	Description and value of items Damaged or Loss :
2.	Date,Time & Place of Loss or Damage :
3.	Cause of Loss or Damage
4.	Nature of damage sustained with full description:
5.	By Whom was the accident of loss witnessed?
6.	When did the item in question arrive at the site ?
7.	Specify the nature of guarantee from the Suppliers or the Manufacturer of the damage equipment .Are there any chances of the Supplier of Manufacturer indemnifying the loss? If not, state precisely the reasons.
8.	State what repairs or replacements are required and estimate cost thereof ? <i>*Note : Every Effort should be made to give a preliminary figure, it being understood that the eventual claim will not necessarily be limited to this estimate.</i>
9.	Salvage or scrap value of damaged parts:
10.	State where the damaged items can be inspected:
11.	Was the loss or damaged caused by a Third Party ? If so, give name and address of the Third Party Concerned.
12.	Are there any rights of recovery from Contractors/ Sub-Contractors/Suppliers/Manufacturers ?
13.	Give details of any other insurance under which you are entitled to recovery in respect of this loss or damage
14.	Please give any other particulars relevant to the loss/ damage :

I/We declare that the foregoing particulars are true and correct to the best of my/ our knowledge.

Date :

.....

Authorized Signature :

Name:

Office Stamp :