



**Notification of Loss or Damage for Claim No.
Contractor's Plant and Machinery Insurance**

Policy No.

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

- Title of contract insured _____
Name and address of insured _____
Location and address of contract site _____
Name of supervising engineer _____
 - When did the loss occur? Time _____ date _____
 - What was the damage? The explanation which parts, to what extent?
 Contract works
 Construction plant and equipment
 Construction machinery
 Property damage
 Bodily injury
 - Has damage occurred to third parties?
 - How did the loss occur and what was the probable cause?
(Please append Sketches,
Photographs and if available, mounts of
Rainfall, water levels, rates of flow,
Police reports and newspaper cuttings.) _____

 - Are there any witnesses to the Occurrence of the loss? If so
Please give names, profession, and addresses. No Yes

 - How are the damaged items to be repaired? Estimated time? _____

 - Are alterations to or improvements Of design, execution, or construction
Materials being effected whilst repairs _____

- Are being made? _____



9. Is overtime and/or night work or Work on public holidays or express Freight involved in order to repair the Damaged Items? If, so, to what Extent and Why? Yes No

10. What is the estimated repair Costs for the damage are? a. Does the contract works? b. The construction plant and equipment? c. the construction machinery?

11. What is the estimated indemnity For third-party liability claims? Property damage Bodily injury

12. Were any existing buildings or Surrounding property damaged? If so, by what? Yes No

Estimated claim amount _____

Comments. _____

The undersigned insured declares that he has answered the above questions conscientiously and truthfully.

Signature

Date :