

Issuance of this form is not to be taken as admission of liability

Marine-Cum Erection All Risk Claim Form

Insured:

Address :

Policy / Endt No:

Claim No:.....

Period of Insurane :

Name of supervising Engineer :

Name of project Manager :

Date and time of occurrence	
State site and location where the damaged occurred	
Give the details of damaged - To contract work - To construction plant and equipment - To third party properties	- - -
How did the damage occurred and what was its cause	
Is anyone responsible for damages, if yes give details	
How far had the construction of damaged item/s progressed at the time of loss	
Is any alteration / improvement made to design, construction or materials	

Give the name and address of the witnesses , if any	
Are there any surrounding properties damaged	
Is third party liability involved? if yes give details	
Estimate of cost for repair of damaged to - To contract work - To construction plant and equipment - To third party properties - Removing of debris	
Any repair should be executed only after prior consent and approval of the company	
Are there any other insurance effected by you, covering the present losses	
Give details of previous claims,if any of the project	
Please give any other particulars relevant to the damage	

DECLARATION

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

Signature and company stamp of the insured

Date