

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

**Contractor's 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	
<b>Any repair should be executed only after prior consent and approval of the company</b>	
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**