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Notification of **Loss** or **Damage** for CLAIM NO._____

Contractors All Risks Insurance POLICY NO._____

The issuing of this form is not to be taken as an admission of liability by the insurer.		
1. Title of contract insured		
Name(s) and address (es) of insured		
Date of payment of last premium		
Location and address of contract site		
Name of supervising Engineer		
Nearest Railway station/ Airport		
Easiest access to contract site from railway station/ airport		
2. When did the loss occur?	Time:	Date:
3. What was damaged?		explanation (which parts? to what extent?)
	☐	Contract works
	☐	Construction plant and equipment
	☐	Construction machinery
4. Has damage occurred to third parties?	☐	Property damage
	☐	Bodily injury

5. How did the loss occur? and what was the probable cause? (please append sketches, photographs and, if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings.)	
6. Are there any witnesses to the occurrence of the loss? If so, please give names, professions and addresses	☐ Yes ☐ No
7. How are the damaged items to be repaired? Estimate time	
8. Are the alterations to or improvements of design, execution or construction materials being affected 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 are estimated repair costs for damage to	a. Contract works? b. Construction plant and equipment? c. Construction machinery?
11. What is the estimated Indemnity for third party liability claims	Property damaged Bodily injury
12. Were any existing buildings or surrounding property damaged? if so, by what? Estimated claims amount	☐ Yes ☐ No

13. Comments

The undersigned insured declared that he/she has answered the above questions conscientiously and truthfully

Dated at this day of 20

Signature _____