

## Contractors/Erection All Risks Claim Form

<b>Policy Number</b>	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Particulars of Insured			
Name of Insured		GST Registration Number <sup>+</sup>	
Address		Effective Date of Registration <sup>+</sup> (dd/mm/yyyy)	
Title of Contract Insured		Name of Contact Person	
Location and Address of Contract Site			
Contact Number (H)	(O)	(HP)	Email
+ If applicable			

Details of Occurrence		
Date of loss/damage occurred (dd/mm/yyyy)	Time of loss/damage occurred <input type="checkbox"/> am <input type="checkbox"/> pm	Loss/damage was discovered by
Date of loss/damage discovered (dd/mm/yyyy)	Time of loss/damage discovered <input type="checkbox"/> am <input type="checkbox"/> pm	Designation of this person
State fully what happened		

Name and contact number of person who witnessed this occurrence
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### SECTION I

Which items were lost / damaged? (Please describe in details)
<input type="checkbox"/> Contract / Erection Works _____
<input type="checkbox"/> Construction Plant and Equipment _____
<input type="checkbox"/> Construction Machinery _____
<input type="checkbox"/> Civil Engineering Works _____
<input type="checkbox"/> Existing or Surrounding Properties _____

What was the probable cause of damage?
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How far had the construction / erection of the damaged item(s) progressed at the time of occurrence?
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How will the damaged item(s) be repaired and by whom?
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What are the estimated costs to repair / replace the damaged / lost item(s)?
<input type="checkbox"/> Contract / Erection Works _____
<input type="checkbox"/> Construction Plant and Equipment _____
<input type="checkbox"/> Construction Machinery _____
<input type="checkbox"/> Civil Engineering Works _____
<input type="checkbox"/> Existing or Surrounding Properties _____

Will any alterations or improvements be made to design, construction or material when repairs are carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:

**SECTION II**

Is third party liability involved?  Yes  No

If Yes, please give name and address of any persons injured or the owner of the property damaged:

Have you received notice of claim from any Third Party?  Yes  No

If Yes, please give particulars and enclose all correspondence/documents that you have received:

Have you in any way admitted liability?  Yes  No

Please state reason:

In what aspect was the accident contributed to or caused by negligence on the part of the third party?

Why was the third party at the place of accident?

**OTHER INSURANCE OR COMPENSATION**

Is there other insurance covering this incident?  Yes  No

If Yes, please state Name of Insurance Company and Policy Number:

**Supporting Documents**

- |  |   |
|--|---|
| 1. Quotations of repair or replacement | 3. Police Report / Incident Report, whichever is applicable |
| 2. Photographs of damaged item(s)      | 4. Invoices of lost or damaged item(s)                      |

**Declaration**

We declare that the information given is true and correct to the best of our knowledge and belief. We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and we shall forfeit our rights to claim under the policy.

Please make the cheque payable to \_\_\_\_\_

.....  
Signature of Insured

.....  
Company's Stamp

.....  
Name

.....  
Date