

NOTICE OF CLAIM

(For Contractors' All Risks / Erection All Risks Insurance)

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

Claim No. : _____		Policy No. : _____	Agency : _____
1.	Name of Policyholder		
2.	Address		
3.	Nature of Business		
4.	Title of contract Insured		
5.	Location and address of contract site		
6.	When did the loss or damage occur?	Time: _____	
7.	Which items were damaged? a) Contract works b) Construction plant and equipment? c) Construction machinery		
8.	a) How did the loss occur? b) What was the probable cause? (attach sketches, photos, etc)		
9.	How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?		
10.	Give name and address of witnesses of the occurrence		
11.	How will the damaged items be repaired?		
12.	Will any alterations or improvements be made to design, construction or material when repairs are carried out?		
13.	What are the estimated costs for the repair of damage to a) Contract works b) Construction plant and equipment? c) Construction machinery?		
14.	Has damaged occurred to third parties? (Please give full details)	Property damage Bodily injury	
15.	Are existing buildings or surrounding property damaged? Estimated claim amount	<input type="checkbox"/> YES <input type="checkbox"/> NO	
16.	Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
17.	Is there any other Insurance in force at the time of loss/damage? If yes, please give particulars	<input type="checkbox"/> YES <input type="checkbox"/> NO	
18.	Comments / Remarks		
<p>The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.</p> <p>Date : _____</p> <p style="text-align: right;"> _____ Signature of Insured Company's chop (if applicable) Name : _____ Designation : _____ NRIC : _____ </p>			

Tick (/) where applicable