



CLAIM FORM
ERECTION ALL RISKS INSURANCE

Claim No.....

Policy No.

The issuing of this form is not to be taken as an admission of liability by the Insurer.

1.	Title of the Contract insured		
	Name (s) and Address(es) of the Insured(s)		
	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?)	
		<input type="checkbox"/> Contract works	
		<input type="checkbox"/> Construction plant and equipment	
		<input type="checkbox"/> Construction Machinery	
4.	Has damage occurred to third parties?	<input type="checkbox"/> Property Damage	
		<input type="checkbox"/> 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, profession and addresses	<input type="checkbox"/> Yes	<input type="checkbox"/> No



7.	How are the damaged items to be repaired? Estimated time?		
8.	Are any alterations to or improvements of design, execution or construction materials being effected 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	What are the estimated repair costs for damage to	a. the contract works?	
		b. the Construction plant and equipment?	
		c. Construction Machinery?	
11.	What is the estimated indemnity for third party liability claims?	Property Damage	
		Bodily Injury	
12.	Were any existing buildings or surrounding property damaged? If so, by what?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Estimated claims amount	AlKhaleej Takaful Insurance	
14.	Comments		
	Let us know whether you had, prior to the commencement of works, inquired with relevant authorities about the exact position of the U/G cables /services/facilities/etc., and what precautions had been taken to avoid this damage?		

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Signature:.....

Stamp

Date:.....