

Contractor All Risks Insurance – Claim Form

(Issuance of this form does not imply admission of the liability)

Please return the form completed within 15 days of the loss together with the relevant voucher, documents, and phonographs

Policy No:

Claim No:

A. INSURED :

1. Name :
2. Address :
3. Way No :
4. City :
5. Telephone Number/email-id :
6. Period of Insurance : from: to:

B. PARTICULARS OF ACCIDENT

1. Date & Time of occurrence :
2. State the site details where the damage Occurred. :
3. Give the details of the damage:
 - a) To Contract Works :
 - b) To Construction Plant & Equipment's :
 - c) To Property belonging to Third Parties :
4. What was the cause the damages? :
5. Is anyone responsible for the if yes, state details : Yes No
6. Is there any possibility of recovery? : Yes No

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C. DETAILS OF THE DAMAGED SECTION/ WORKS

1. How did the damage occur and what was It's probable cause? (Attach sketches, photos, etc.) :
2. How will the damaged items be repaired? :
3. Will any alterations or improvements be made to design, Construction or material when repairs and carried out? :
4. Give name & address of witness to the occurrence. :
5. Are existing buildings/surrounding properties damage? :
6. Is Third Party Liability involved? :
7. What are the estimated costs for repair of damage to:
 - a) Contract Works :
 - b) Construction Plant Machinery :
 - c) Third Party Property :
 - d) Owner's Surrounding Property :

D. DETAIL OF OTHER INSURANCES

Give details of other insurance, if any, covering the present loss :

E. DETAILS OF PREVIOUS LOSSES

Give details of previous Claims, if any, on the project :

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Date :

Place:

Signature of Insured Seal of Company