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Claim Form Erection All Risk Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. DETAILS OF CONTRACT

Policy No.:

Title of contract insured:

Name(s) and address(es) of Insured(s):

Site of Erection:

B. LOSS OR DAMAGE OCCURRENCE

When did the loss or damage occur? Date (dd/mm/yy): Time:

Are there any witnesses? (If yes, please give names, professions and addresses) YES NO

C. DAMAGED ITEMS

Which item was damaged? (If more than one scheduled item is affected, please complete one form per item)

- Erection works Erection machinery
 Erection equipment

Has damage occurred to third parties? (If yes, please tick where appropriate and give details) YES NO

- Property damage Bodily injury

Item No. in Specification of Policy Schedule:

Sum insured:

Name of manufacturer, type of machine:	
Year of manufacture, serial number (Please give full details as on manufacturer's plate):	
Description of damaged item (capacity, r.p.m., weight, etc.):	
How far had the erection of the damaged item progressed at the time of the occurrence?	<input type="checkbox"/> % complete <input type="checkbox"/> on trial
Which parts were damaged?	

D. CAUSE OF DAMAGE

How did the damage occur and what was its probable cause? (Please attach sketches, photos - if available, indication on amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings)	
Do the fractures show any sign of faulty casting, faulty material or previous repair? (If yes, please give details)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? (If yes, please give details)	<input type="checkbox"/> YES <input type="checkbox"/> NO

E. REPAIRS

How will the damaged items be repaired, by whom and where?	
Please indicate estimated repair period:	
What are the estimated repair costs? (Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges)	
Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? (If yes, to what extent and why)	<input type="checkbox"/> YES <input type="checkbox"/> NO

F. OTHER DAMAGES

Was any third party or surrounding property damaged? (If yes, please give details)	<input type="checkbox"/> YES <input type="checkbox"/> NO
What is the estimated indemnity for third party liability claims?	
Property damage:	
Bodily injury:	
Were there any existing buildings or surrounding property damaged? (If yes, by what?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated claims amount:	

G. COMMENTS

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H. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)