

CONTRACTORS' ALL RISK CLAIM FORM

INSURED'S DETAILS

Name of Project/Contract _____

Name of insured _____

Address _____

Phone no: _____ Email _____ Policy Number: _____

DESCRIPTION OF LOSS/DAMAGE

Type Of Claim: _____ Location of Contract site _____

Date of Occurrence: _____ Time: _____

Description of Property Involved: (Year, model number and make if applicable)

Description of Loss/Damage _____

Estimate of Loss/Repairs ₦ _____

| Description of the property for Which this claim is made (1) | Date of purchase or Manufacture (2) | Cost price (3) | Deduction for age, use and wear and tear (4) | Amount claimed (5) |
|--|-------------------------------------|----------------|--|--------------------|
| | | | | |
| TOTAL | | | | |

Third Party Details (if Any) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY

(a) Is there any Third party property damage? _____

(b) Estimate of Third party damage. _____

(c) Were there at the time of the occurrence any other insurance in force on the property, whether effected by you or by any other person? If so, give full particulars. If not, Please write "NO"

(d) What was the total value of the property insured by the policy at the time of loss?

~~N~~ _____

(e) Were any existing buildings or surrounding property damaged? Yes _____ No _____

(f) If so by what? _____

(g) Are any alterations to or improvements of design, execution or construction materials being affected whilst repairs are being made? _____

I/We declare that the above is a full and accurate statement and that the sum claimed, viz further declare that no other person except _____ has any interest in the said property.

Date _____ Signature/Stamp of Insured _____

**PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED
(The company does not admit liability by the issue of this form)**