

## CONTRACTORS "ALL RISKS" CLAIM FORM

**BROKER** \_\_\_\_\_

Claim No \_\_\_\_\_

**INSURED DETAILS**

Name \_\_\_\_\_ Policy No \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 DaytimeTel No \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Nature of Business \_\_\_\_\_ VAT status \_\_\_\_\_  
 Are there any other insurances covering this incident, whether effected by you or another party? \_\_\_\_\_  
 If YES, please give details \_\_\_\_\_

**DETAILS OF CONTRACT**

Address of Contract Site \_\_\_\_\_ Post Code \_\_\_\_\_  
 Nature of the contract? \_\_\_\_\_  
 Name and address of Principal/Employer of the Contract \_\_\_\_\_ Post Code \_\_\_\_\_  
 What was the value of the contract? £ \_\_\_\_\_  
 Please detail any Contract conditions applicable to incident \_\_\_\_\_  
 Details of any sub-contractors or other parties involved \_\_\_\_\_

**CIRCUMSTANCES OF LOSS OR DAMAGE**

Date and time of loss or damage \_\_\_\_ / \_\_\_\_ / \_\_\_\_ am / pm  
 Address where loss or damage occurred (if different from Contract Site) \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Were premises occupied at time of loss or damage? YES / NO  
 What security arrangements were in operation? \_\_\_\_\_  
 State exact nature of loss or damage sustained \_\_\_\_\_  
 Who discovered loss or damage? \_\_\_\_\_  
 What was the cause and how did it occur? \_\_\_\_\_

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## CIRCUMSTANCES OF LOSS OR DAMAGE *(continued)*

Do you accept responsibility? YES / NO

If NO who do you blame for the incident? \_\_\_\_\_

Why? \_\_\_\_\_

Were the Police notified? YES / NO If YES please give address of station and crime/loss reference number

Has any other body or person an interest in the property lost, damaged or destroyed? YES / NO

If YES, please give full details \_\_\_\_\_

## DETAILS OF CLAIM

Damaged property should be retained for inspection and only disposed of once authorised by the Insurer.  
Where applicable, attach estimates for repair or replacement.

Description of Property	Where and When Acquired	Original Cost	Replacement Cost	Amount Claimed
<b>TOTAL</b>				<b>£</b>

### WARNING

Please note that insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you have provided on this form, together with the information previously supplied on the proposal form and information relating to this claim may be provided to other insurers.

### DECLARATION

I / We declare that all the details provided are true and complete in every respect to the best of my/our knowledge.  
I / We understand that any of the information provided may be shared with other insurers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Status of Signatory \_\_\_\_\_