

The Issuing of This Claim Form Does Not Mean the Insurer Accept the Liability

Construction/Erection All Risks Claim Form

Name of the Insured:

Policy No.:

Claimant's Contact Details:

1	Description of project	
2	Date and time of loss	
3	Circumstances of loss	
4	If it is possible, please draw sketch of the Incident (attached with form)	
5	What do you think is the cause of the incident	
6	Please provide the details of the damaged items	
7	For the damaged items, can they be repaired, what is the estimated time to carry out such repair	
8	In case of theft or burglary, have you reported the claim to police, if yes, please provide the policy report	
9	Is there any third party property damaged	
10	If yes, please provide details	
11	Is there any third party bodily injury	
12	If yes, please provide details	

Estimated loss amount:

Date of Notification:

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any material information which will directly or indirectly affect acceptance of this claim.

Signature and Chop of the Insured