

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? _____

