

CLAIM FORM ERECTION ALL RISKS INSURANCE

BROKER	Claim No
<p><u>INSURED DETAILS</u></p> <p>1. Name</p> <p>2. Policy No</p> <p>3. Address</p> <p>4. Post Code</p> <p>5. Daytime Tel No</p> <p>6. Contact Name</p> <p>7. Nature of Business</p>	
<p>8. Are there any other insurances covering this incident, whether effected by you or another party?</p>	YES / NO
<p>9. If YES, please give details</p>	
<p><u>DETAILS OF CONTRACT</u></p> <p>10. Address of Contract Site</p> <p>11. Post Code</p> <p>12. Nature of the contract?</p> <p>13. Name and address of Principal/Employer of the Contract</p> <p>14. Post Code</p> <p>15. What was the value of the contract?</p> <p>16. Please detail any Contract conditions applicable to incident</p> <p>17. Details of any sub-contractors or other parties involved</p>	



Assurance

Covers You Right Through

<u>CIRCUMSTANCES OF LOSS OR DAMAGE</u>	
18. Date and time of loss or damage- am/pm	
19. Address where loss or damage occurred (if different from Contract Site)	
20. Post Code	
21. Were premises occupied at time of loss or damage?	YES / NO
22. What security arrangements were in operation?	
23. State exact nature of loss or damage sustained	
24. Who discovered loss or damage?	
25. What was the cause and how did it occur?	
26. Do you accept responsibility?	
27. If NO who do you blame for the incident?	YES / NO
28. Why?	
29. Were the Police notified?	
If YES please give address of station and crime/loss reference number	YES / NO
30. 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
TOTAL (Less: Salvage, if any)				
NET CLAIM				_____

DECLARATION

I / We declare that all the details provided are true and complete in every respect to the best of my / our knowledge.

Signed

Date

Name & Status of Signatory