



CONTRACTORS ALL RISKS INSURANCE CLAIM FORM

POLICY NO:

CLAIM NO:

NAME OF INSURED.....

ADDRESS.....

DESCRIBE THE FULL CIRCUMSTANCES OF THE LOSS, DAMAGE OR THEFT STATING
DATE & TIME

.....

.....

.....

..... DO

YOU SUSPECT ANY PERSON IN CONNECTION THEREWITH?

.....

DATE POLICE WAS ADVISED AND ADDRESS OF STATION

.....

WHAT OTHER STEPS HAVE BEEN TAKEN TO RECOVER THE PROPERTY? PLEASE GIVE
DETAILS.

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PARTICULARS OF CLAIM

NO. OF ARTICLES	FULL DESCRIPTION	NAME & ADDRESS OF SELLER	DATE OF PURCHASE	COST PAID	AMOUNT CLAIMED

SPECIAL NOTICE: By the conditions the policy is rendered void if any claim be Fraudulent or Intentionally exaggerated or if any false statement or declaration be made in support of it. It is therefore important that this form be filled up with great care.

I hereby declare that the within mentioned money/property belonging to me and insured under the said policy was lost, damaged or stolen in the circumstances stated above and that in consequences stated above and that in consequences thereof a claim is hereby made for the sums severally stated within.

Witness.....Signature.....Date.....

N.B.-This statement of claim should be completed and forwarded immediately to the Company

The insured MUST at once take every practical step that may lead to the recovery of the money/property.

The police must be advised immediately and any suspicion as to the parties must also be communicated to the Company without delay.