

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

## IGI INSURANCE LIMITED

### CONTRACTORS' ALL RISK CLAIM FORM

The issue of this form is not to be taken as an admission of liability by the Insurers

Claim No.	
Policy No.	

Title of contract insured:	
Name & address of Insured:	
Location & address of Contract Site:	
Name of Supervising Engineer:	
Nearest Railway Station / Airport:	
Advisable approach route to Site From Railway Station or otherwise.	
1. Which items were damaged? a) Contract works b) Construction plant and equipment c) Construction machinery	
2. When did the loss or damage occur? (State date and exact time)	
3. How did the damage occur and what was its probable cause? (Attach sketches, photos, etc.)	

<p>4. How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?</p>	
<p>5. Give name &amp; address of witnesses to the occurrence?</p>	
<p>6. How will the damaged items be repaired</p>	
<p>7. Will any alterations or improvements be made to design, construction or material when repairs are carried out?</p>	
<p>8. What are the estimated costs for the repair of damage to</p> <p>a) Construction machinery?</p> <p>b) Contract works?</p> <p>c) Construction plant and equipment?</p>	
<p>9. Is Third Party Liability involved?</p>	
<p>10. Are existing buildings or surrounding property damaged?</p>	
<p>11. Remarks:</p>	

**The undersigned insured declares to have answered the above questions conscientiously and truthfully.**

Dated \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Stamp & Signature of Authorized Officials** \_\_\_\_\_