

NOTIFICATION OF LOSS OR DAMAGE FOR ERECTION ALL RISKS INSURANCE

Policy No. _____

The issuing of this form is not to be taken as an admission of liability by the Insurer			
1.	Title of contract insured	_____	
	Name(s) and address(es) of Insured(s)	_____ _____	
	Location and address of contract site	_____ _____	
	Name of supervising engineer	_____	
	Nearest railway station/airport	_____	
	Easiest access to contract site from railway station/airport	_____	
2.	When did the loss occur ?	time : _____	Date : _____
3.	Are there any witnesses ?	Yes	No
	If so, please give names professions and addresses	_____ _____	
4.	Which item was damages ¹	Erection works	Civil engineering works
		Construction/erection machinery	
		Construction/erection equipment	
	Item	No.	in specification
	_____	_____	_____
	of	Policy	Schedule
	_____	_____	_____
	Sum Insured	_____	
	Name of manufacturer, type of machine	_____ _____	
	Year of manufacture, serial no.	_____	
	(Please give full details as on manufacturer's	_____	
		plate)	

Description (capacity, How far had the erection of the damaged item progressed the occurrence ?	of % complete at the time of	damaged r.p.m., weight, etc.) on trial of
5.	Which parts were	damaged?
6.	How did the	damage occur
and what was its probable cause ? Please attach sketches, photos, If available, indication on amount of rain- fall, water levels, rates of flow, police reports and newspaper cuttings		
7.	Do the fractures show any sign of faulty casting, faulty material or previous repair ? If so, please give details	Yes No
8.	Are any alterations to or	
improvements of design, construction, execution or material being effected whilst repairs are being made?		

If so, please give details _____	
9. How the damaged item be repaired, by whom & where? _____ Please indicate estimated _____ repair _____ period	
10. What are the estimated _____ repair cost ? ²	
11. Is overtime and/or night work or work on public holidays _____ Yes or No express freight involved in order to repair the _____ damaged items? If so, to extent and why ?	
12. Was any third party or surrounding property damaged ? If so, please give _____ detail	
What is the estimated _____ indemnity for third party _____ liability claims ? Property Damage Bodily Injury	

Were any existing buildings	Yes	No
or surrounding property	_____	
damaged ? If so, by what ?	_____	

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Issured at :

Date :

Signature :

¹ If more than one scheduled item is affected, please complete one form per item
² Please enclose copy(s) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked and freight charges.