



THE NEW INDIA ASSURANCE COMPANY LIMITED

P.O.Box 2907, Ruwi, Postal Code 112
Sultanate of Oman

Contractor's All Risk Insurance – Claim Form

(The Issue of this form is not to be taken as an admission of Liability)

Claim No.		Policy No.
Title of contract insured :		
Name(s) and address(es) of Insured(s).		
Location and address of Contract Site:		
Name of Supervising Engineer		
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.)	

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

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

Dated _____ this _____ day of _____ 200_

Signature _____

Stamp _____