

Notification of Loss or Damage for Contractor's All Risks Insurance

Claim No.

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	
	Names(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.	What was damaged?	Explanation (which parts? To what extent?)