



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED
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Notification of loss or damage for
Contractors' All Risks Insurance

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

Form with columns for Claim No. and Policy No., and sections for: 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?)
[] contract works
[] construction plant and equipment
[] construction machinery

4. Has damage occurred to third parties? property damage

bodily injury

5. How did the loss occur and what was the probable cause? (Please append sketches, photographs and, if available, amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings)

6. Are there any witnesses to the occurrence of the loss?
If so, please give names, professions and addresses.

7. How are the damaged items to be repaired?
Estimated time?

8. Are any alterations to or improvements of design, execution or construction materials being effected whilst repairs are being made?

**9. Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items?
If so, to what extent and why?** yes no

10. What are the estimated repair costs for damage

a) the contract works? _____

b) the construction plant and equipment? _____

c) the construction machinery? _____

11. What is the estimated indemnity for third party liability claims?

Property damage _____

Bodily injury _____

**12. Were any existing buildings or surrounding property damaged?
If so, by what?** yes no

Estimated claims amount

13. Remarks

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

Executed at: _____ Date: _____ Signature: _____