



UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

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

Policy No. _____

Claim No. _____

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

Claim No.		
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)		
Advisable approach route to contract Site from railway station (airport) 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.)	

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 _____ 20_____

Signature
