

## CONTRACTOR'S ALL RISK - CLAIM FORM

### IMPORTANT NOTES:

All questions must be answered fully. The issuance of the Form is not an admission of Liability and the claim shall be assessed based on policy terms and conditions.

### PART: (A) POLICY HOLDER:

Name of insured  Policy No:

Address  Business/Occupation

Telephone/Mobile /Fax

**Contact details for survey purposes:**

Name of any other interested party:

### PART : (B) OCCURRENCE:

Date and time of loss or damage

What is the location and address of contract site?

What was damaged? Which parts and to what extent? (mark with ✓)

Contract works  Construction plant & Equipment  Construction machinery

How did the incident occur and what was the probable cause? (please attach sketches , photographs, police reports if available)

Are there any witnesses to the occurrence of the loss? YES  NO

### **UNITED FIDELITY INSURANCE COMPANY**

In Conformity with the Federal Law No. 6/2007 Reg. No (8) dated 22/12/1984. Authorized paid-up Capital Dh. 100,000,000

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info@fidelityunited.ae

If **YES**, please give name and address.

Did the damage occur during testing? YES  NO  If YES, when did the test run commence?

Has damage /injury occurred to third parties? YES  NO  If **YES**, please state whether damage is for;  
 Property damage  Bodily injury

Are the damaged items to be repaired? YES  NO

If YES, by whom and where.

Please indicate the estimated time of repairs.

Will the work involve overtime night work, holidays or express delivery? YES  NO

If **YES**, to what extent and why?

Are there alterations to improvements of design execution or construction materials being affected whilst repairs are being made? YES  NO

What are the estimated costs of repairs for damage to;

Contract works AED

Construction & Equipment AED

Construction machinery AED

Third party damage / injury AED

Is recovery possible from any third party? YES  NO

If **YES**, have you lodged a claim? (Give name and address of such party)

Salvage value? AED

**DECLARATION: I/We declare that all particulars given are true and complete and claim the sum of AED \_\_\_\_\_ as detailed above as supported by the enclosed documentary evidence.**

Signature:

Date

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