



CONTRACTORS ALL RISK INSURANCE CLAIM FORM
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Policy No _____

Claim No _____

A.INSURED	
1.Name :	
2.Address :	
3.Telephone No :	
4.Period of insurance	From _____ to _____
5.Name of Supervising Engineer	
B.PARTICULARS OF ACCIDENT	
1.Date and Time of Occurrence :	
2.State the site where the damage occurred	
3.Give details of the damage	
a)to Contract works :	
b) to Construction Plant & Equipment :	
c) to property belonging to Third Parties :	
4.What was the cause of the damage :	
5. Is anyone responsible for the damages :	Yes No
6. If yes, state details	
7.Is there any possibility of recovery	
C. DETAILS OF THE DAMAGED SECTION/WORKS	
1.How did the damage occur and what was the Probable cause? (attach sketches, photos, etc)	
2.How far had the construction of the damaged items Progressed at the time of the occurrence of damage?	
3.How will the damaged item be repaired	



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Bhutan Insurance Limited
Providing Security. Building Confidence

Your insurer of
CHOICE

1. Give details of other insurances , if any covering the present loss	
E. DETAILS OF PREVIUOS LOSSES	
Give details of previous claims, if any on the project	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/We would be liable for the correctness and completeness of the statement.

Date :

Place :

Signature of the Insured
