



ERECTION ALL RISK 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 _____
B.PARTICULARS OF ACCIDENT	
1.Date and Time of Occurrence :	
2.Description & Value of items lost or damaged (if declaration policy quote reference number of declaration) :	
3.How did the loss or damage occur & what was its Probable cause. :	
4.State the nature of the damaged sustained :	
5. By whom was the accident witnessed? :	
6. Was the loss or damage caused by Third Party? If so ,give name & Address of Third party :	
C. DETAILS OF THE DAMAGED SECTION/WORKS	



1. How will the damage be repaired? :	
2. Please state in detail whether any parts must be replaced :	
3. Give the Salvage on scrap value of damaged Parts. :	
4. What is the Estimated amount of the loss or damage	
5. Do you wish to carry out repairs departmentally ?	
6. Do you wish to entrust repairs to another Firm ? if Yes, (state name) :	
D. DETAILS OF OTHER INSURANCES	
1. Give details of previous claims, if any, covering the present loss. :	
E. DETAILS OF PREVIOUS LOSSES	



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Bhutan Insurance Limited
Providing Security, Building Confidence

Your insurer of
CHOICE

1. 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:

YOUR INSURER OF CHOICE
Chorten Lham, Post Box No 779, Ph.339893/339894 Fax No.339895