

The issue of this form is not to be taken as an admission of liability

Policy 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) :
Locat	ion and address of Contract Site :
Name	of supervising Engineer :
Neare	st railway station (airport) :
	able approach route to contract Site railway station (airport) or otherwise
1.	Which items were damaged?
	<ul><li>(a) Contract works.</li><li>(b) Construction plant and equipment</li><li>(c) Construction machinery</li></ul>
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 progressed at the time of the Occurrence of damage?
5.	Give name and address of witness to the occurrence:

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll-free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com Registered Office: Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020.

How will the damaged items he repaired.

6.

## **HDFC ERGO** General Insurance Company Limited



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 repair 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 truthfu	undersigned Insured declares to have answered the above questions conscientiously and ully.
Dated	this day of 200
Signa	ture