Meanwood General Insurance Ltd

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ERECTION ALL RISKS CLAIM FORM

(The issue of this form does not imply Admission of Liability on the part of the Company)

Policy No:……

Title of Contract Insured(s):……

Name(s) and Address (es) Insured:……

Location and Address of Contract site:……..

Name of Supervising Engineer:……

Nearest Railway Station (Airport):……..

Route to Contract site from Railway Station (Airport):……..

1. When did the Loss or Damage occur?	Date …… Time……..
2. Give Name and Address of witness of the Damage	
3. Which items were Damaged?	a) Erection works …….. b) Civil engineering works…… c) Construction/erection machinery……... d) Construction/erection equipment……
4. Item No. in specification of Policy schedule Sum Insured Name of manufacture, serial number (Please give full details as on Manufacturer's plate) Description of damaged item (capacity, weight, etc) How far had the erection of the damaged item progressed at the Time of the occurrence?	……. % complete ……. On trial
5. Which parts were damaged? If more than one scheduled item damaged, complete one form per item	

6. How did the damage occur and what was the probable cause? Please attach sketches, photos if available, indication on amounts of Rainfall, water levels, police report and newsletter cutting.	
7. Do the fractures show any sign of faulty casting, faulty material or previous repair? If yes, please give details.	Yes …….. No……
8. What are the estimated repair costs?	
9. How will the damaged items be repaired, by whom and where? Please state estimated repair period.	
10. Are any alterations to or improvements of design, construction, Execution or material being effected whilst repairs are being made? If yes, please give details.	Yes …….. No……
11. Is overtime and/or night work or work on public holidays or Express fright involved in order to repair the damaged items? If yes, to what extent and why?	Yes …….. No……
12. Was any third party or surrounding property damaged? If so, Please give details. What is the estimated indemnity for third party liability claims?	Yes …….. No…… …… Property damage …… Bodily injury…..……...
13. Were any existing buildings or surrounding property damaged? If so, by what? Estimated claims amount?	Yes …….. No…… ……

Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges – including man-hours worked – and freight charges.

I/We hereby declare that all statements on this form are in all respect True and Correct.

Signature:…… Date:……..

(If limited company, give status of signatory)