



Security & General

I N S U R A N C E

PROPERTY LOSS REPORT FORM (Contractors All Risks)

INSURED'S NAME & ADDRESS	Policyholder's Name: _____ Tel#: _____ Fax#: _____ Address: _____
PARTICULARS OF YOUR INSURANCE	Policy #: _____ Renewal Date: _____ Do you have any other insurance covering this loss: (Please check relevant box) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide details of insurer: _____
PREVIOUS CLAIMS EXPERIENCE	Have you made any previous claims relating to this property: (Please check relevant box) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide the following details: Date of Loss Cause of Loss Amount of settlement 1. _____ _____ _____ 2. _____ _____ _____

**DESCRIPTION
OF LOSS OR
DAMAGE**

Date of Incident: _____

Please describe the nature of the loss or damage:
(i.e. Fire, Lightning, Burglary)

Was it necessary to inform the Emergency Services (Police, Fire or Ambulance)

(Please check relevant box)

YES NO

If YES, please provide the following details:

Emergency Service Police
 Fire Service
 Ambulance

Contact information for the relevant Emergency Service:

Please indicate which of the following were affected as a result of the loss: (Please check the relevant sections)

Contract Works

Plant & Equipment

Construction Hand Tools

Professional fees & Clearance Costs

Other

Please provide brief description:

* Please complete the attached form listing materials/equipment affected by the loss

I/WE DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE HAVE NOT WITHHELD FROM THE INSURER ANY INFORMATION WITHIN MY/OUR KNOWLEDGE CONNECTED WITH THIS CLAIM. I/WE AGREE TO PROVIDE THE INSURERS WITH ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REASONABLY REQUIRED. I/WE UNDERSTAND THAT THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

Signature:

Date:

