

# CONTRACTORS ALL RISKS

## CLAIM FORM

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### POLICYHOLDER

NAME/INSURED	
POLICY NUMBER	
OCCUPATION	
ADDRESS	
DAYTIME TELEPHONE NUMBER	
EMAIL ADDRESS	
ARE YOU VAT REGISTERED?	YES/NO* <i>(please delete as appropriate)</i>

### THE EVENT

DATE		TIME	am/pm
LOCATION			
STATE FULLY THE CIRCUMSTANCES OF THE LOSS/DAMAGE			
WHAT PRECAUTIONS AGAINST LOSS/DAMAGE WERE TAKEN?			
WERE THE POLICE CONTACTED?	YES/NO* <i>(please delete as appropriate)</i>		
IF YES, POLICE CRIME NUMBER			
ADDRESS OF POLICE STATION			
DATE CONTACTED			
ANY WITNESSES TO THE EVENT?	YES/NO* <i>(please delete as appropriate)</i>		
IF YES, PLEASE STATE NAMES & ADDRESSES			
WAS ANY PARTY NEGLIGENT? PLEASE PROVIDE DETAILS			

## GENERAL DETAILS

DO YOU OWN THE PROPERTY?	YES/NO* <i>(please delete as appropriate)</i>
IF NO, PLEASE STATE OWNER	
WHO WAS THE PROPERTY HIRED FROM/TO?	
DETAILS OF ANY OTHER INTERESTED PARTY	
DESCRIBE THE NATURE AND EXTENT OF THE DAMAGE	
WHERE CAN THE DAMAGED PROPERTY BE SEEN?	
ARE THERE ANY OTHER INSURANCES ON THIS PROPERTY?	YES/NO* <i>(please delete as appropriate)</i>
IF YES, PLEASE PROVIDE DETAILS	
HAVE YOU PREVIOUSLY MADE ANY CLAIMS FOR PROPERTY DAMAGE?	YES/NO* <i>(please delete as appropriate)</i>
IF YES, PLEASE PROVIDE DETAILS	
HAVE YOU OR ANY DIRECTOR/PARTNER BEEN CONVICTED FOR ARSON, THEFT, OR DISHONESTY?	YES/NO* <i>(please delete as appropriate)</i>
IF YES, PLEASE PROVIDE DETAILS	

## THE CONTRACT

Please provide details of:

THE NATURE OF THE CONTRACT	
THE CONTRACT CONDITIONS	
THE VALUE OF THE CONTRACT	
THE MAXIMUM VALUE OF ANY ONE BUILDING	
THE MAXIMUM NUMBER OF STOREYS	
SUB-CONTRACTORS OR OUTSIDE PARTIES INVOLVED	YES/NO* <i>(please delete as appropriate)</i>
IF YES, PLEASE PROVIDE DETAILS	

## THE PROPERTY

- Continue on separate sheet of paper if necessary.
- Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available.
- Damaged property should be retained for inspection if required.

DETAILED DESCRIPTION OF PROPERTY	DATE OF PURCHASE	ORIGINAL COST (£)	REPLACEMENT OR REPAIR COST (£)	AMOUNT CLAIMED (£)
<b>TOTAL</b>				<b>£</b>

## DECLARATION

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply on this form, together with the information you have supplied on the Proposal Form and other information relating to the Claim, may be provided to other Insurers.

**The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.**

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

<b>SIGNATURE OF POLICYHOLDER</b>	
<b>DATE</b>	

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