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Contractors' All Risks Claim Form

The supply or acceptance of this Claim Form is not an admission of liability on the part of Prudential Insurance Co. Ltd.

Policy No. _____

Claim No. _____

Name and address of the Insured:

a. Principle _____

b. Contractors _____

c. Sub-contractor _____

d. Address if the Contract site _____

1.	Give description and value of the damaged constructed works.	
2.	When did the constructions materials in question arrive on the site ?	
3.	When did the loss or damage occur? (state date, exact time and place of the occurrence)	
4.	How did the loss or damage occur and what was its probable cause?	
5.	Sate the nature of damage sustained.	
6.	If damage occurred during the maintenance period and when did the maintenance period start ?	
7.	By whom was the incident witnessed ?	
8.	<p>a) State what repair or replacements are required and estimated cost thereof.</p> <p>b) Do you wish to carry out repair yourselves? If not, state the name and address of the firm to whom the repair works to be entrusted.</p>	
9.	Give the complete measurement of damaged area of the construction.	

10.	Will it be necessary to: work overtime or on Saturdays / holidays in order to effect repairs.	
11.	Was the loss or damage caused by a Third party ? If so, give name and address of Third party concerned.	
12.	Whether the Third Party Property was damaged or not?	
13.	Are there any rights of recovery from Contractors, Sub-contractors and / or suppliers ? If so, have you submitted a monetary claim on them ? Copies of correspondences, if any, should be attached.	
14.	Are there any other insurance effected by you or any other person covering the property damaged or any part thereof? If so, please give details.	
15.	Other remarks, if any.	

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature and/or rubber stamp of Insured.....

Date.....