

GoldStar

INSURANCE COMPANY LTD

P.O. Box 7781, Kampala, Uganda

Contractors' All Risks Claim Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. The issue of this form is not to be taken as admission of liability.

1 - Policy no: _____		Claim No.: _____	
Name of Insured: _____ _____		Address: _____ _____	
Phone Contact No.		Email:	
Location and address of contract site:			
Name of supervising engineer:			
2 - When did the loss/damage occur?		Date:	Time:
3 - Which items were damaged?		<input type="radio"/> Contract Works <input type="radio"/> Construction Plant & Equipment <input type="radio"/> Underground Facility <input type="radio"/> Other Item	
4 - How did the damage occur and what was its probable cause? (Attach sketches, photos, police report, etc.)			
5 - How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?			
6 - Are there any witnesses? If so, give names, professions & addresses,		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Profession Address			
7 - Will any alterations or improvements be made to design, construction or material when repairs are carried out?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8 - What are the estimated costs for the repair of damage to?			
a - Contract Works:	b. Construction Plant & Equipment:	c. Underground Facility:	d. Other Item:

9 a) Is Third Party Liability involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) If so, give details of property damaged or bodily injury. :	
c) Estimated amount of claim:	
10 - Are existing buildings or surrounding property damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 - If the claim is in respect of damage to underground facilities, please mention :	
i) Whether the exact position of such facilities was ascertained from authorities prior to commencement of works.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Whether any machine excavation was done within one meter of the underground facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 – Any other additional:	
Contact Person:	Phone no.:
Position :	Fax no.:

The undersigned being the insured under the above policy/policies hereby declares that the details appended hereto are full true statement of the insurance in force and the loss sustained and the amount claimed in respect of each and all of the several articles or items of property damaged, lost or destroyed as noted constitute the replacement or reconstruction cost and excludes all profit mark-ups of whatsoever kind.

Signed : Designation :

Witness Date :