

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

**CONTRACTORS ALL RISKS CLAIM FORM**

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**

**1. DETAILS OF THE INSURED**

- i. Name of Insured: \_\_\_\_\_
- ii. Policy No: \_\_\_\_\_
- iii. Address: \_\_\_\_\_
- iv. Business/Occupation: \_\_\_\_\_ Email: \_\_\_\_\_
- v. Mobile No: \_\_\_\_\_ Landline: \_\_\_\_\_
- vi. Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_
- vii. Name of Supervising Engineer: \_\_\_\_\_
- viii. Name of Project Manager: \_\_\_\_\_

**2. PARTICULARS OF ACCIDENT**

- i. When did the Loss Occur: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ii. State the site and Location where the Damage/ Theft occurred: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- iii. Give the details of the Damage/ Theft: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- iv. What was the cause of the Damage/ Theft: \_\_\_\_\_
- \_\_\_\_\_
- v. Is anyone responsible for the damage/ Theft? \_\_\_\_\_
- vi. If Yes, State Details: \_\_\_\_\_
- \_\_\_\_\_
- vii. Is there any possibility of Recovery: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**3. DETAILS OF THE DAMAGED SECTION/ WORKS**

- i. How did the Damage occur and what was its probable cause (attach sketches, photos, etc):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ii. How far had the construction of the damaged item(s) progressed at the time of the occurrence of damage? \_\_\_\_\_

BOARD OF DIRECTORS: Chairman: Olugbenga Shobo, Managing Director and Chief Executive Officer: Bode Opadokun, Executive Director: Tunde Mimiko

Non-Executive Director: Val Ojumah, Non-Executive Directors (South Africans): Hendrik Nel, Johan Schalkwyk, Independent Directors: Titilade Adebisi, Yusufu Modibbo

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii. How far had the construction of the damaged item(s) progressed at the time of the occurrence of damage? \_\_\_\_\_

iii. How will the damage item(s) be repaired? \_\_\_\_\_

iv. Will any alterations or improvements be made to the design, construction, or materials when repairs will be carried out? \_\_\_\_\_

v. Give the Names and Addresses of the witnesses to the occurrence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

vi. Are existing Buildings/ Surrounding properties damaged? \_\_\_\_\_

vii. Is Third Party Liability involved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

viii. If Yes, State details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ix. What are the estimated cost for repair of damage to:

Items	Quantity	Description	Value
		Total	
		Value of Salvage	
		Net loss or Cost of Repairs	

*Please continue description overlay if necessary*

#### 4. DETAILS OF OTHER INSURANCES

i. Give details of other Insurance if any covering the present Loss?

Insurance Company	Policy No	Period of Insurance	Amount Insured

#### 5. DETAILS OF PREVIOUS LOSSES

i. Give Details of previous claims, if any, on the project:

S/n	Date of Loss	Amount of Loss	Name of Insurance Company

I/WE declare that the foregoing answers are true and completed and that I/WE hold no other policy indemnifying me/us in respect of this claim. I/WE request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/WE authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_

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