



Contractors All Risk Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. Please inform the police immediately if something is lost or if you suspect any theft, malicious damage or if you are a victim of a riot.
4. Please speak to our Claims Staff before you make any arrangements for replacement or permanent repairs.
5. Sacos must have the opportunity to view and inspect the damages before you start any permanent repairs and Sacos reserves the right to appoint a loss adjuster.
6. Please ensure that you take reasonable steps in order to prevent any further damage (s) to your contract works or third party property.
7. If anyone is holding you or your employees responsible for damage to their property or for injury to them, please do not admit to any liability and inform them that they should provide you with an official written claim to submit to Sacos.

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

Do you consider any other party responsible for the incident? Yes No

Please provide details of third party (applicable of "Yes" selected to previous question).

Name

Postal Address

Telephone (Mobile)

Were the Police notified of the incident? Yes No

Did the Police visit the scene? Yes No

Please attach a copy of the Police report and Police statement

If Claim is for Fire, did you notify the Fire brigade? Yes No

Did the Fire Brigade visit the scene? Yes No

Do you hold any other insurance/s under which a claim for this incident may be made? Yes No

If selected Yes, please complete the following details

Type of Insurance (s)

How much are you claiming?

3. PERSONAL INJURIES OR DEATH DETAILS

Names and addresses of persons injured/died and particulars of injuries sustained

A Name

Address

Contact Number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

B Name

Address

Contact Number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

C Name

Address

Contact Number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

Has a claim been made upon you? Yes No

If yes, give full particulars and amount and forward any communications received, unanswered

Note: (Please do not accept liability or attempt to negotiate with anyone)

4. DAMAGE TO PROPERTY OF OTHER PERSONS

Name of owner of property damaged

Postal Address

Contact Number

Brief particulars of damage done

5. WITNESSES

Name and addresses of all witnesses

A Name

Address

Contact Number

B Name

Address

Contact Number

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the incident or the injured party.

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT *(To be submitted to the Sacos office)*

- Duly filled and signed claim form
- Police Report
- Police Statement
- Quotation for cost of repairs
- Letter from Third Party (TP) if TP is claiming compensation for injury or damage to TP property
- Medical Report of Injured Person
- Death Certificate (Incase of accident resulting to death)
- Quantity Surveyors Report (If total loss)
- List of damaged or loss items
- Invoices/Receipts/ Pro-Forma Invoices for Loss, damaged or stolen items
- Quotation from contractor for cost to rebuild new building (If total loss)