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Prabhu Insurance Limited

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protecting your future.

NOTIFICATION of LOSS or DAMAGE for CONTRACTORS' ALL RISKS INSURANCE

Claim No.

Policy No.

The issuing of this form is not to be taken as an admission of liability by the Company

1. Title of contract insured	
Name(s) and Address(es) of Insured(s)	
Location and address of Contract site	
Name of Supervising engineer	
Nearest railway station/ airport	
Easiest access to contract site from railway station airport	
2. When did the loss occur?	time date
3. What was damaged?	explanation (which parts? to what extent?)
	<input type="checkbox"/> contract works
	<input type="checkbox"/> construction plant and equipment
	<input type="checkbox"/> construction machinery
4. Had damage occurred to third parties?	<input type="checkbox"/> property damage
	<input type="checkbox"/> bodily injury
5. How did the loss occur and what was the probable cause? (Please append sketches, photographs. and, if available, amounts of rainfall, water levels rates of flow, police reports and newspaper cuttings.)	
6. Are there any witness to the occurrence of the loss?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, please give names, professions and addresses	

<p>7. How are the damaged items to be repaired? Estimated time?</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>8. Are any alteration to or improvements of design execution or construction materials being effected whilst repairs are being made?</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p>9. Is overtime and/or night work or work on public holidays or express freight Involved in order to repair the damaged items? If so, to what extent and why?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <hr/> <hr/> <hr/>
<p>10. What are estimated repair costs for damage to</p>	<p>a. the contract works? b. the Construction plant and equipment? c. the construction machinery?</p> <hr/> <hr/> <hr/>
<p>11. What is the estimated indemnity for third party liability claims?</p>	<p>property damage bodily injury</p> <hr/> <hr/>
<p>12. Were any existing buildings or surrounding property damaged? If so, by what?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <hr/> <hr/> <hr/>
<p>Estimated claims amount</p>	<hr/> <hr/>
<p>13. Comments</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

The undersigned insured declares that he has answered the above questions conscientiously and truthfully.

Date: *