

DONEWELL INSURANCE COMPANY LIMITED



CAR/EAR CLAIM FORM

(The company does not admit liability by the issue of this form)

DATE FORM WAS COLLECTEDDATE FORM WAS RETURNED

This Claim Form is to be completed by the Insured and sent to the Insurer immediately the damage or loss is discovered, and its extent and cost can be estimated

Claim No.....

Loss Reserve/Estimate

Estimate for works

Date of Report

Name of Insured

.....
.....

Address

.....
.....

Telephone No (s) Fax No.

Policy No.

1. Insured Project (Title)

.....
.....

Location of Site.....

Recommended access Route

.....

1.2 Name of Project Manager:.....

“ Site Engineer:.....

“ Consultant:.....

“ Witnesses to damage/loss:.....

1.3 Indicate relevant Phase of Insurance Period:

Pre storage Construction

Erection

Testing Hot

 Cold

Maintenance

2. Brief Description of Loss/Damage:

2.1. Measures taken to minimize loss:

2.2. Causes of Loss/Damage (visible and suspected causes should be indicated)

2.3. List of Main Items/objects damaged/lost with prices;

3 Repairs: Specify envisaged repair procedure:

3.1 Are modification and / or improvement necessary (If yes, give short details)

3.2 Estimate of Duration of repairs:

4. Estimate of loss/damage;

4.1 Removal of Debris:

4.2 Civil and Construction Works:

4.3 Machinery and Installation:

4.4 Contractor's Plant machinery & equipment:

4.5 Existing Property:

4.6 Third Party Liability:

4.7 Others:

5. Special Remarks/Comments:

6. Other Insurances covering the damage / loss (State type, Policy No. and Insuring Company)

The undersigned hereby declares that the above information is given in good faith and to the best of his knowledge knows it to be true.

Date : Place :

Signature:.....

