



## CLAIM FORM: CONTRACTORS ALL RISK

Policy Number

### 1. Insurer

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Insured

Division

Is the Insured a VAT Vendor?

Vat No.:

Yes

No

Business Address

Contact Person

Telephone no. (w):

Cellphone no.:

Email address:

### 2. Details of Loss/Damage

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Place and time of loss/damage:

Detailed description of how loss occurred:

Please include a separate page should the space in the text box be insufficient. \* Attach colour photographs to demonstrate above

If loss/damage was caused by another party, give their full name and address:

Place where the loss/damage occurred:

If not occupied currently, when was it occupied?

Were the premises occupied? By whom?

Purpose of occupation:

Is there any other insurance covering this loss/damage?

Yes

No

If yes, provide the name of insurer

In the event of theft or malicious damage, please supply the following details:

Police station loss/damage was reported to:

Date reported:

Police Case number:

Was there a security guard present at the time of loss?

Yes

No

### 3. Contract Works

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Contract No.:

Contract Value

Type of contract: i.e. JBCC, FIDIC etc.

Description of work:

Start date:

Anticipated /Completion date:

Party responsible for arranging CAR and Liability insurance:

## 4. Declaration

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I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise HW Brokers in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Insured's full name:

Signature:

Capacity:

Date:

### **KwaZulu-Natal**

6 Rydall Views, Rydall Vale Office Park, La Lucia 4051 | Postnet Suit # 150, Private Bag X02, Glenashley, 4022  
t: +27 (0)31 566 3834 | f: +27 (0)31 566 1662

### **Gauteng**

8 Western Woods Office Park, 145 Western Services Road, Woodmead, 2191 | Postnet Suite # 332, Private Bag X43, Sunninghill, 2157  
t: +27 (0)11 481 3340 | f: +27 (0)11 486 2781

### **Cape Town**

40 Second Avenue, Harfield Village, Claremont, 7708 | Postnet Suite 267, Private Bag X18 Rondebosch, 7701  
t: +27 (0) 21 670 2448 | f: +27 (0) 086 624 6199

Directors: HM White (Managing Director), CH White, BM White, DJ Sanders, D Gamsy | FSP No. 7694 | Reg No. 1993/003512/07

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