

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail.

Policy Number

1. Details of Insured

Insured name

Business address

Business Address

Contact Person

Telephone no. (w):

Cellphone no.:

Email address:

2. Details of Contract / Works

Description of the work

Contract No

Type of Contract i.e. JBCC, GCC, FIDIC, NEC

Contract value

Contract period *(start date and completion date)

If not yet completed, please advise the anticipated date of completion

Party responsible for Contract Works and Liability Insurance

* Please ensure that the relevant extracts from the contract document is supplied to verify the above requested information together with a copy of the Bill of Quantities

3. Details of Loss / Damage

Date and time of loss / damage

Detailed description of how the loss occurred

* Please include colour photographs to demonstrate what happened

Place where loss / damage occurred

Were the premises occupied, if so, by whom?

The insured's formulated claim together with the substantiating documents.

Support documents as follows:

- ☐ Original Purchase Invoices
- ☐ Tax Invoices / Quotes in respect of repair / replacement
- ☐ Delivery Notes

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

Police station loss / damage was reported to

Date reported

Was the premises fenced and was there access control to and from the site?

☐ Yes

☐ No

Was the theft / damage accompanied by forcible and violent entry or exit?

☐ Yes

☐ No

• Please note that in the event of a theft a copy of the policy report will be required in order for us to process the claim.

4. Declaration

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:

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