



TOKIO MARINE
INSURANCE GROUP

Claim Form

Contractor All Risks / Erection All Risks

The completion of this form is not to be taken as an admission of liability by the insurer.

1. Claim No. _____ Policy No: _____

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: _____

D	D	M	M	Y	Y	Y	Y

3. What was damaged? Explanation (Which parts? To what extent?)

Contract works _____

Construction plant and equipment _____

Construction machinery _____

4. Has damage occurred to third parties? Property damage _____

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 witnesses to the occurrence of the loss? Yes No
If so, please give names professions and addresses

7. How far had the erection of the damaged item(s) progress at the time of the occurrence. _____ % complete _____ on trial

Tokio Marine Insurans (Malaysia) Berhad

198601000381 (149520-U)

Level 20, Menara Hap Seng 3, Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.

T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295 Customer Service Hotline: 1800 88 0812

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8. How are the damaged items to be repaired?

And by whom?

Estimated time?

9. Are any alterations to or improvements of design, execution or construction materials being effected whilst repairs are being made?

10. Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? Yes No
If so, to what extent and why?

11. What are the estimated repair costs for damaged to:

a. Contract works

b. Construction plant and equipment

c. Construction machinery

12. What is the estimated Property damage indemnity for third party liability claims?

Property damage

Bodily injury

13. Were any existing buildings or surrounding property damaged? Yes No
If so, by what?

Estimated claims amount

14. Comments

The undersigned insured declares to have answered the above questions conscientiously and truthfully.

Signature of Insured/Claimant

Name:

NRIC:

Date:

Company Stamp (if applicable)

Designation: