

## CONTRACTORS' ALL RISKS CLAIM FORM

Please complete and return to Atlantic Insurance Co. Public Ltd immediately.

Applicable to claims arising under the Contract Works, Contractors' Plant or Hired Plant Sections of Atlantic's Contractors' All Risks Policy.

Insured's Name

Policy No:

Address

Trade or  
Occupation

### THE INCIDENT

1. Date and time of incident:

2. Location at which the loss or damage occurred:

3. Describe fully how the loss or damage occurred:

Note: Where the claim involves theft, please advise where the property was kept, the precautions taken to prevent theft and how the thieves gained access to the property

4. Was the loss or damage attributable to any third party?

YES

NO

If "YES", please provide full details:

5. Have the Police been notified of the loss?

YES

NO

If "YES", please provide the full address of the Police Station, date notified and crime reference No:

6. What other steps have been taken to recover any lost property?

7. What precautions have been taken to prevent a similar loss occurring?

8. Is the loss or damage covered by any other insurance policy?

YES

NO

If "YES", please provide full details:

#### Head Office

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**YOUR CONTRACT**

1. What was the original estimated contract price? €
2. Under which contract conditions was the work performed?
3. Has the contract been completed? YES  NO   
 If "YES", please confirm:
  - the date of Practical Completion:
  - the duration of any Defects Liability Period:  Months
4. Where the contract has not been completed, has there been a partial handover? YES  NO   
 IF "YES" please confirm the date of partial handover:

**DETAILS OF PROPERTY LOST OR DAMAGED**

- Please retain all broken or damaged materials or plant.
- Invoices/estimates for replacement or repair of the lost or damaged property should accompany this form.
- The value declared for each item must be net of VAT.

Description of lost or damaged Contract Works, Materials or Constructional Plant.	State to whom the property belonged	Date Purchased	Purchase Price	Amount Claimed

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief the statements and particulars supplied by me/us or on my/our behalf in this Claim Form are true and complete

Insured's Authorised Signatory

Date

Position of Authorised Signatory