NOVA INSURANCE COMPANY LIMITED

Plot 6, Mackinnon Road, Nakasero
P.O. Box 24876, Kampala - UGANDA
Tel: +256 414 232995, Fax +256 414 232996
E-mail: info@novainsurance.co.ug

CONTRACTOR'S ALL RISK CLAIM FORM

1 - Policy No: _____	Claim No: _____
Name of Insured: _____	Address: _____
_____	_____
Phone Contact No:	Email:
Location and address of contract site:	
Name of supervising engineer:	

2 - When did the loss / damage Occur?	Date:	Time:

3 - Which items were damaged?	☐ Contract Works ☐ Construction Plant and Equipment ☐ Underground facility ☐ other Item
4 - How did the damage occur and what was its probable cause? (Attach sketches, photos, police report, etc.)	
5 - How far had the construction of the damaged item(s) progressed at the time of the occurrence of the damage?	
6 - Are there any witnesses? If so, give names, proffessions & address,	☐ Yes ☐ No

Name	Profession	Address

7 - Will any alterations or improvements be made to design, construction or material when repairs are carried out?	☐ Yes ☐ No
8 - What are the estimated costs for the repair of damage to?	

a - Contract Works:	b. Construction Plant & equipment:	c. Underground facility	d. Other Item:

9 a) Is Third party Liability involved?	☐ Yes ☐ No
b) If so, give details of property damaged or bodily injury:	
c) Estimated amount of claim:	

10 - Are existing buildings or surrounding property damaged?	☐ Yes ☐ No
11 - If the claim is in respect of damage to underground facilities, please mention:	
i) Whether the exact position of such facilities was ascertained from authorities prior to commencement of works	☐ Yes ☐ No
ii) Whether any machine excavation was done within one meter of the under-ground facilities	☐ Yes ☐ No
12 - Any other additional:	
Contact Person:	Phone No:
Position:	Fax No:

Insured Declaration

Offical stamp: Date:	I/We confirm and certify that the above details are true and correct. Signature Date:

NOTE: If a duly completed claim form is not returned within fourteen (14) days from date of issuance your claim maybe nullified.