

Contractors All Risks Claim Form

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Contractors All Risks Claim Form

The following information is required in order to process your claim. This will need to be shared with the insurer and any parties they may appoint such as loss adjustors or reinsurers. In addition, many insurers will share details with agencies involved in the prevention or detection of fraud or financial crime.

Our Customer Privacy Notice provides details of how we use and share your information as well as your rights and how to exercise them. You can access it at <https://clearinsurancemanagement.com/privacy-policy> or contact us if you would like us to send you a copy.

Where you provide information relating to another person we assume you have a lawful basis for doing so and request that you draw our privacy notice to their attention.

Contractors' All Risks OWN DAMAGE (including HIRED-IN PLANT) CLAIM FOR LOSS

Policy Number:

Date:

Name of Insured:

Are you registered for VAT? YES NO

Address:

Telephone Number:

Trade or Occupation:

1. Exact location of site at which loss or damage occurred:

2. Name and telephone number of Site Agent:

3. Are Insured still working on site? YES NO

Date and time of loss or damage:

4. How did loss or damage occur? (continue on separate sheet if necessary)

5. (a) Date Police advised of loss:

(b) Address of Police Station involved:

6. What conditions of contract or hire were in force:

7. Has Certificate of Completion been issued for any part of the works or has any part been taken over by the Principal?

