

Contractor's/Erection All Risk Claim Form

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PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.
 The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
 The completed form should be returned together with all supporting documents as soon as possible to the following address:
 Chartis Singapore Insurance Pte. Ltd.
 CHARTIS Building, 78 Shenton Way, #07-16, Singapore 079120
 The acceptance of this Form is NOT an admission of liability on the part of Chartis Singapore Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.
 Any information collected or held by Us whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters related to your claim and to communicate with You for any purpose.

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Name of Insured	Telephone No.	Office	Insurance Policy No.
Title of contract insured	Name(s) and address(es) of insured (s)		
Name and Email address of the contact Person			
Location and address of contract site			
Is the Insured GST Registered? <input type="checkbox"/> Yes, GST Registration no. _____ <input type="checkbox"/> No			
Which items were damaged? <input type="checkbox"/> Contract works <input type="checkbox"/> Construction plant and equipment <input type="checkbox"/> Construction machinery			What are the estimated costs of repair?
When did the loss or damage occur? (State date and exact time)			
How did the damage occur and what was its probable cause? (Attach sketches, photos, etc.)			
How far had the construction of the damaged items(s) progressed at the time of the occurrence of the damage?			
Give name(s) and address(es) of witnesses(es) to the occurrence.			
How will the damaged items be repaired?			
Will any alterations or improvements be made to design, construction or material when repairs are carried out?			
Is third party liability involved? If yes, please provide details.			
If there is injury to third party please advise is the injured person (s) a US citizen? If Yes, please provide us their Social Security number.			
Are existing buildings or surrounding property damaged? If yes, please provide details.			

Remarks:

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

Date Signature

Occupation Company's Stamp