

CONTRACTORS ALL RISK CLAIM FORM continued

3. CONTRACT WORKS

Contract no:	Contract value:
Type of contract: i.e. JBCC, FIDIC etc:	
Description of work:	
Start date:	Anticipated / completion date:
Party responsible for arranging car and liability insurance:	

4. DECLARATION

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise <i>Crawford Dougall Insurance Brokers</i> in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.	
Insured's full name:	
Capacity:	Date:
Signature:	



SAFRA Member

LLOYD'S CORRESPONDENT

GODLGDER RDOOUDFU RNU3W/WGWDUDIRUGRDOO WDFURNU
 ULUED1RUWK 32R U LOO.DO1 DWDORWKIULFD
 O D DL0LRGRDOOFRD
 LUFWRU RD DDL R DOO W KUODG
 1R /LFF1R