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ERECTION ALL RISKS CLAIM FORM

The issue of this form is not to be taken as an admission of liability by the Insurer

Name of Policy holder: _____

Policy no.: _____ Tel No.: _____

Address: _____ Email: _____

_____ Contact Person: _____

Title of Contract: _____

Location & Address of Contract Site: _____

Name of supervising engineer: _____ Tel No.: _____

(Section 1)

Which items were damaged/loss? () Contract Works () Construction Plant & Equipment () Construction Machinery

Please describe fully: _____

Date and time damage/loss occurred: _____ @about _____ a.m./p.m.

Date and time damage/loss discovered? _____ @about _____ a.m./p.m.

Damage was discovered by: _____ Designation of this person: _____

How did the damage occur and what was its probable cause? (Attach sketches, photos, etc)

How far had the construction of the damaged Item (s) progressed at the time of the occurrence of the damage?

Will any alterations/improvements be made to design, construction or material when repairs are carried out?

What are the estimated costs to repair/replace damage/loss (as the case may be)

a) Contract works

b) Construction Plant & Equipment

c) Construction Machinery

(Section 2)

Is a Third Party Liability involved? If so, give:-

a) Name and Address of any persons injured or the owner of the property damaged: _____

b) Have you received Notice of any Claim: () Yes () No
If yes, give particulars and enclose all correspondence/documents that you have received.

c) Was a report lodged with the Police? If so, give report number and police station & attach a copy of the report.

Are exiting buildings or surrounding properties damaged? _____

Please give details of other policy/policies in force (if any) _____

Remarks _____

(Please attach another piece of paper if the space provided is insufficient)

DECLARATION

I/WE HEREBY DECLARED THAT THESE PARTICULARS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND I/WE HAVE IN NO MANNER CAUSED THE LOSS NOR BY ANY FRAUD OR MISREPRESENTATION SOUGHT TO BENEFIT THEREBY. I ACCEPT THAT INSURERS WOULD BE AT LIBERTY TO DENY LIABILITY IN PART OR IN FULL IF THE ABOVE WRITTEN ANSWERS ARE FALSE OR INACCURATE IN ANY ASPECT.

SIGNATURE & COMPANY STAMP OF INSURED

DATE