



# Star Assurance

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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**