STATEMENT OF DAMAGE RELATED TO "ALL RISK CONSTRUCTION INSURANCE (SINGLE RISK)"

Policy Nº :…… Effective Date:……..End Date :……..
Date of declaration of disaster **……..……**

I. GENERAL INFORMATION

1. Name and Surname of the subscriber/ Corporate name :……
2. Place and date of birth /Date of Creation : ……
3. No. of identity card /Trading Licence : ……
4. Contact Person : ……
5. Postal Adress: ..……
6. E-mail address : ……..……
7. Phone
   a) Mobile : ……
   b) Home landline: ……
   c) Office landline : ……..……..
8. Name of Mortgagee: ……
9. Account Number and Bank: ……

II. PARTICIPANTS TO INSURED WORKS

Description	Name and Adress
- Contracting authority	……
- Supervisor	……
- Architect	……
- Consulting Engineers	……
- Other Consulting Offices	……
- Subcontractors	……

III. INFORMATION RELATING TO CLAIM

10. Declaring Person
Name and Surname : ……
Adress : ……phone :
11. Date and time of the incident / accident: ……
12. Place of incident / accident:……
13. Witnesses of the accident
    a) ……
    b) ……
    c) ……

14. Who is responsible?……
15. Causes and circumstances of the incident

……
……

16. Names and addresses of prejudiced / owners of damaged property

N°	Name and Surname	Adress	Types of damage		Estimated amount
			materials	Body injuries	
1			□	□	
2			□	□	
3			□	□	
4			□	□	

17. Has there been any police statement? □ Yes □ No

If so, by which police station?
……

18. Identification of causes of accident……
……

IV. SAFETY MEASURES UTILISED TO LIMIT THE DAMAGE

……

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care while completing this form.