

CONTRACTORS ALL RISK (ANNUAL & SPECIFIC)

Guide for completion

Please complete all sections of this form and note the following:

- The completion of this form does not constitute acceptance of liability by the Insurer
- The Claim Advice Form is required to be returned immediately

The following documentation is required to proceed with the claim:

MATERIAL DAMAGE

- Completed claim form (immediately required)
- Signed Contract between all parties concerned
- Letter of award
- Bill of quantities/quotations pertaining to the contract
- A formulated claim which includes repair quotations/invoices pertaining to the damages
- Photographs of the damages
- Any other supporting documentation i.e. maps, plans, wayleaves etc.

LIABILITY

- Documentation as per the above
- A detailed report including the insured's stance regarding liability
- Contact details of the third party if insured has already been approached
- All third party correspondence to be directed/forwarded to Mirabilis

Depending on the information we receive, additional information may be required.

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS:	1 ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196	POSTAL ADDRESS:	PO BOX 2081, SAXONWOLD, 2132
TEL NO:	0861 100 100 or +27 11 880 8200	FAX NO:	+27 11 880 6857
REGISTRATION NO:	2006/018854/07	VAT NO:	4130230354

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)



CLAIMS ADVICE FORM – CONTRACTORS ALL RISK (ANNUAL & SPECIFIC)

Please complete in full and return immediately

POLICY NUMBER: _____ INSURED: _____

BROKERAGE: _____

INSURED CONTACT NAME & NUMBERS: Phone / E –MAIL/Cell Phone

SITE PHYSICAL ADDRESS:

DESCRIPTION OF WORKS:

MAIN CONTRACTOR OR SUB-CONTRACTOR:

VALUE OF CONTRACT AT TIME OF AWARD (As stipulated on Signed Contract and or Specific Once-Off Contract, Please specify)

FREE ISSUE MATERIAL VALUE (WAS IT INCLUDED IN CONTRACT VALUE?):

CONTRACT COMMENCEMENT DATE: _____

CONTRACT COMPLETION DATE: _____

WHO HAD THE RESPONSIBILITY FOR ARRANGING THE WORKS INSURANCE? (EMPLOYER, MAIN CONTRACTOR OR SUB-CONTRACTOR)

DATE & TIME OF LOSS / DAMAGE:

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DETAILED DESCRIPTION OF HOW LOSS/DAMAGE OCCURRED

PARTY RESPONSIBLE FOR CAUSING DAMAGE (Client / Contractor / Subcontractor / Consulting Engineer / Employer)

NAME AND CONTACT NUMBER OF PARTY WHO SUFFERRED LOSS / DAMAGE

ESTIMATED COST OF REPAIR / REPLACEMENT

IN THE EVENT OF THEFT HOW WAS ENTRY GAINED

POLICE STATION & REFERENCE (Theft Claims Only) _____

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 Mirabilis Engineering Underwriters (Pty) Ltd 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 Signature _____ Capacity _____

Date _____

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