



Phoenix Assurance Group

# Phoenix

## Of Swaziland Assurance Company Ltd.

P.O. Box A113 Swazi Plaza, Mbabane H101 Swaziland

Email: [info@phoenixswaziland.com](mailto:info@phoenixswaziland.com)

### CONTRACTORS ALL RISK CLAIM FORM

**BROKER**

Claim No

#### INSURED DETAILS

Name \_\_\_\_\_ Policy No \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Day time Tel No \_\_\_\_\_ Contact Name \_\_\_\_\_

Nature of Business \_\_\_\_\_

Are there any other insurances covering this incident, whether effected by you or another party? \_\_\_\_\_

If YES, please give details \_\_\_\_\_

#### DETAILS OF CONTRACT

Address of Contract Site \_\_\_\_\_

Post Code \_\_\_\_\_

Nature of the contract? \_\_\_\_\_

Name and address of Principal/Employer of the Contract \_\_\_\_\_

Post Code \_\_\_\_\_

What was the value of the contract? E

Please detail any Contract conditions applicable to incident \_\_\_\_\_

Details of any sub-contractors or other parties involved \_\_\_\_\_

#### CIRCUMSTANCES OF LOSS OR DAMAGE

Date and time of loss or damage \_\_\_\_ / \_\_\_\_ / \_\_\_\_ am / pm

Address where loss or damage occurred (if different from Contract Site) \_\_\_\_\_

Post Code \_\_\_\_\_

Were premises occupied at time of loss or damage? YES / NO

What security arrangements were in operation? \_\_\_\_\_

State exact nature of loss or damage sustained \_\_\_\_\_

Who discovered loss or damage? \_\_\_\_\_

What was the cause and how did it occur? \_\_\_\_\_

**CIRCUMSTANCES OF LOSS OR DAMAGE** (continued)

Do you accept responsibility? YES / NO

If NO who do you blame for the incident? \_\_\_\_\_

Why? \_\_\_\_\_

Were the Police notified? YES / NO If YES please give address of station and crime/loss reference number

Has any other body or person an interest in the property lost, damaged or destroyed? YES / NO

If YES, please give full details \_\_\_\_\_

**DETAILS OF CLAIM**

Damaged property should be retained for inspection and only disposed of once authorised by the Insurer.  
Where applicable, attach estimates for repair or replacement.

| Description of Property | Where and When Acquired | Original Cost | Replacement Cost | Amount Claimed |
|-------------------------|-------------------------|---------------|------------------|----------------|
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|                         |                         |               |                  |                |
| <b>TOTAL</b>            |                         |               |                  | <b>E</b>       |

**DECLARATION**

I / We declare that all the details provided are true and complete in every respect to the best of my/our knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Designation of Signatory

\_\_\_\_\_