



Contractors All Risks CLAIM NOTIFICATION FORM

POLICY DETAILS

Policy number:	Renewal Date (DD/MM/YY):
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PROPERTY DAMAGED OR LOST

Estimated value of loss or damage:	£
Description of property damaged:	
Brief description of incident causing loss or damage:	
Were the Police advised and, if so, what is their Crime Reference?	

Date of: (tick as appropriate)	Delivery	Incident	Loss	Damage	DD/MM/YY

INSPECTION OF DAMAGED GOODS

Location address of the goods now:		Postcode:
Contact name for inspection:		
Contact telephone number:	Contact email address:	