



## CONTRACT WORKS

## CLAIM FORM

**Notes:**

- a) The acceptance of this form is not in itself and admission of liability
- b) Please complete all questions and return immediately
- c) Preserve all damaged parts and make them available for inspection if required
- d) Additional information may be required

## BROKER/AGENT INFORMATION

Broker Name:  FAIS No.

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No.:  Fax No.  E-mail Address :

## INSURED INFORMATION

Proposer's Name :

Type of Business :

Postal Address :  Physical Address

Postal Code :  Postal Code:

Contact Person :

Tel No. :  Fax No.:  Cell No :

E-mail Address:

## INSURANCE

Insurance Company :

Policy Number :

Policy Holder :

## CONTRACT DESCRIPTION

Commencement Date of Contract:

Contract No. and Description:

Contract Value at time of award:



Supporting documentation required:

Material Damage:

- formal assessment for cost of repairs
- copy of signed Contract Conditions
- photographic evidence of damage
- original purchase invoices (materials)
- where a financial institution's interests are noted, confirmation of outstanding settlement

Public Liability:

- Insured's comments/report regarding liability
- Third Party contact details

- Company:

- Telephone:

- Fax:

- E-mail:

## DISCLOSURE

*We hereby declare that the above statements made by us are, to the best of our knowledge and belief, complete and true. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.*

Date :

Name of authorised signature:

Capacity :