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# NICO INSURANCE ZAMBIA LIMITED

## CONTRACTORS ALL RISKS CLAIM FORM

Notification of Loss or Damage for Contractors All Risks Insurance

**The issue of this form is not to be taken as an admission or liability by the Insurer**

Policy No. Title of Contract Insured(s) Name(s) and Address(es) Insure(d): Location and Address of Contract Site: Name of Supervising Engineer: Nearest Railway Station (Airport): Advisable approach route to Contract Site from: Railway Station (Airport) or otherwise	
1. Which items were Damaged? (a) Contract Works (b) Construction Plant and Equipment (c) Construction Machinery	
When did the Loss or Damage occur? (State Date and exact Time)	
4. How did the Damage occur and what was its probable cause? (Attach sketches, photos, etc)	
5. Give Name and Address of witness to the occurrence:	
6. How will the damaged items be repaired?	
7. Will any alterations or improvements be made to Design, Construction or Material when repairs are carried out?	
8. What are the estimated costs for the repair of damage to (a) Contract Works? (b) Construction Plant and Equipment? (c) Construction Machinery?	
9. Is Third Party Liability involved?	
10. Are existing buildings or surrounding Property damaged?	

Remarks

The undersigned Insured declares to have answered the above questions Conscientiously and Truthfully

Dated at ..... this day .....day of .....20.....

Signature.....

