

**CLAIM FORM
CONTRACTOR'S ALL RISKS**

1)	Name and address of the Contributor	:	
2)	Title and Location of Contract	:	
3)	Policy Number	:	
4)	Date and time of Loss	:	
5)	Details of loss and probable cause	:	
6)	Details of items damaged	:	
7)	Progress of the contract at the time of loss	:	
8)	Any alterations or improvements be made to design, construction or material when repairs are carried out?	:	
9)	Estimated costs for repairs. Please provide break up of amounts for contract works, equipments and any other items	:	
10)	Whether Third Party Liability involved. If so details and amount of loss	:	
11)	Any damage to the existing surrounding property?	:	
12)	In case of damage to underground facilities please mention complete details	:	

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

Date :

Signature of the Contributor

Name and Signature of the Witness

**In case of any requirements or clarification, kindly contact our FGA Department
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,
Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**