



redefining / standards

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GST Reg. No.: 000709398528

Notification of Loss or Damage for Contractor All Risks/Erection All Risks Insurance

Policy No.:

Claim No.:

The issuing of this form is not to be taken as an admission of liability by the insurer.

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. DETAILS OF CONTRACT

Title of contract insured:
Name(s) and address(es) of Insured(s):
Location and address of contract site:

B. LOSS OR DAMAGE OCCURENCE

When did the loss or damage occur? Time: <input type="text"/> am/pm Date: <input type="text"/> dd/mm/yy
Are there any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give names, professions and addresses)

C. DAMAGED ITEMS

Which item was damaged? (If more than one scheduled item is affected, please complete one form per item) <input type="checkbox"/> Contracts/Erection works <input type="checkbox"/> Civil engineering works <input type="checkbox"/> Construction/erection machinery <input type="checkbox"/> Construction/erection equipment
Has damage occurred to third parties? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please tick where appropriate and give details) <input type="checkbox"/> Property damage <input type="checkbox"/> Bodily injury
Item No. in Specification of Policy Schedule:
Sum insured:
Name of manufacturer, type of machine:
Year of manufacture, serial number: (Please give full details as on manufacturer's plate)
Description of damaged item (capacity, r.p.m., weight, etc):
How far had the erection of the damaged item progressed at the time of the occurrence? <input type="checkbox"/> % complete <input type="checkbox"/> on trial
Which parts were damaged?

E-100.0/68.0.E (12/15)

D. CAUSE OF DAMAGE

How did the damage occur and what was its probable cause?

(Please attach sketches, photos - if available, indication on amounts of rainfall, water levels, rates of flow, police reports and newspaper cuttings)

Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes No

(If yes, please give details)

Are there any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? Yes No

(If yes, please give details)

E. REPAIRS

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:

What are the estimated repair costs?

(Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges)

Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items? Yes No

(If yes, to what extent and why)

F. OTHER DAMAGES

Was any third party or surrounding property damaged? Yes No

(If yes, please give details)

What is the estimated indemnity for third party liability claims?

Property damage:

Bodily injury:

Were there any existing buildings or surrounding property damaged? Yes No

(If yes, by what?)

Estimated claims amount:

G. COMMENTS

H. INSURED'S BANK DETAILS

Name (as per bank account):	NRIC/Passport/Birth Cert. No.:
Bank Account No.:	Email:
Name of Bank:	Bank SWIFT Code:
Bank Branch/Address:	

I. INSURED'S DECLARATION

I hereby declare that I have answered the above questions conscientiously and truthfully.

Signature:

Date:

dd/mm/yy