



AC and E Engineering Underwriting Managers (Pty) Ltd - Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate 7<sup>th</sup> Floor, Office Towers, Bedford Centre, Smith Street, Bedford Gardens I PO Box 752189, Gardenview, 2047
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## **CONTRACT WORKS CLAIM FORM**

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail.

Broker	r:			
Policy	:			
1. Deta	ails of Insured:			
	Insured Name:			
	Business address:			
	Insured Contact Person:	Cell No:		
	Telephone No:	E-Mail address:		
2. Details of the Contract/Works:				
	Description of the work:			
	Contract No.:			
	Type of Contract i.e. JBCC, GCC, FIDIC, NEC:			
	Contract Value: Co *(start date and completion date)	ontract Period :		
	If not yet completed, please advise the anticipated date of completion:			
	Party Responsible for Contract Works and Liability Insurance:			
	*Please ensure that the relevant extracts from the contract document is supplied to verify the above requested information together with a copy of the Bill of Quantities.			
3. Details of Loss/Damage:				
	Date and time of loss/damage:			
	Detailed description of how the loss occurred:			

\*Please include colour photographs to demonstrate what happened.

	Place where loss/damage occurred:		
	Were the premises occupied, if so, by whom?		
	Is there any other insurance covering this loss, if so, by		
	The Insured's formulated claim together with subst Support documents as follows:	antiating documents.	
	Original Purchase Invoices.  Tax Invoices/Quotes in respect of repair/s  Delivery Notes	replacement	
	In the event of theft or malicious damage, please supply the following details:		
	Police station loss/damage was reported to:		
4. Dec	claration		
	I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise AC & E Underwriting Manager in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.		
	Full Name:	Capacity:	
	Signature:	Date:	