



Customer Care Centre

Tel Call 1300 80 3030
at local rates

Fax (603) 2171 3030

Email amassurance-general@ambg.com.my

SMS Type Alert<space>message
Send to 012/016/019-2625378 (AmAlert)

**ERECTION ALL RISKS INSURANCE
 NOTIFICATION OF LOSS OR DAMAGE**

A. POLICY DETAILS	
1. Policy No.	
2. Title of Contract Insured	
3. Name(s) and Address(es) of Insured	
B. CIRCUMSTANCES OF LOSS OR DAMAGE	
1. Name of supervising engineer	
2. When did the loss occur	Time: _____ a.m./p.m. Date: _____
3. Which item was damaged in the incident	<input type="checkbox"/> Erection works <input type="checkbox"/> Construction/Erection machinery <input type="checkbox"/> Construction/Erection equipment <input type="checkbox"/> Civil engineering works <input type="checkbox"/> Third Party Property Damage <input type="checkbox"/> Third Party Bodily Injury
i) Description of damaged item (manufacturer, type of machine, capacity, r.p.m., weight, etc)	
4. How far had the erection of the damaged item progressed at the time of occurrence	<input type="checkbox"/> % Complete <input type="checkbox"/> On trial
5. How did the loss occur and what was the probable cause	
6. What are the estimated repair costs	RM _____
7. What are the estimated indemnity for third party liability claims	
i) property damage	RM _____
ii) bodily injury	RM _____

I/We declare that the particulars given are true to my/our best knowledge.

Date: _____

Signature (Please state designation and stamp Co.'s Chop)

N.B. If more than one scheduled item is affected, please complete one form per item.

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.