



Customer Care Centre

Tel Call 1300 80 3030
at local rates

Fax (603) 2171 3030

Email amassurance-general@amg.com.my

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

**CONTRACTORS' 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. Any police report lodged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What was damaged in the incident	<input type="checkbox"/> contract works	<input type="checkbox"/> construction plant and equipment
	<input type="checkbox"/> construction machinery	<input type="checkbox"/> third party bodily injury
5. Please give details on parts damaged and to what extent		
6. How did the loss occur and what was the probable cause		
7. Are there any witnesses to the occurrence of the loss If yes, please give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Profession	Address
8. What are the estimated repair costs for damages to		
i) the contract works	RM	
ii) the construction plant and equipment	RM	
iii) the construction machinery	RM	
9. 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.