

Senior Wright Ltd

BOUNDARY HOUSE, 7/17 JEWRY STREET LONDON EC3N 2EX

CONTRACTORS 'ALL RISKS' AND THIRD PARTY REPORT FORM

POLICY NO.

INCEPTION DATE

SECTION 1 - ALL RISKS

A	Full Name and Address	
B	Address of Site where Loss was sustained	
C	Date of Loss:	
D	1. When was it discovered: 2. By whom was it discovered: 3. Names and Addresses of Witnesses:	
E	Has the matter been reported to the Police.	
F	How was the Loss or Damage caused:	
G	Give details of damage or loss together with estimates/supporting invoices.	
H	1. Were premises occupied at time of Loss:- 2. What security arrangements were in operation at the time of loss:	
I	Do you suspect any person or persons: If so whom:	
J	Are there any other insurances on the property whether effected by you or any other party: If so give details	

SECTION 2 - THIRD PARTY

IF FATAL ACCIDENT PLEASE ADVISE DATE, PLACE OF INQUEST

A	1. Details of Incident:	
	2. Date:	
	3. Place:	
B	How did incident occur:	
C	1. Name and Address of Person causing accident	
	2. Was he/she in your immediate employ:	
	3. If not give name and address of Employer:	
	4. Was he/she acting in the scope of his/her duties:	
	5. Was plant on hire if so from whom:	

D	If accident arose out of work being carried out under contract:	
	1. Has the indemnity been given or received:	
	2. Description of Contract Works	
E	Full names and addresses of any witnesses:	
F	If damage done to property other than your own give name and address of owner:	
G	Give particular of damage:	
H	If personal injury involved give name and address of injured party:	
I	Has any claim been made upon you whether verbally or in writing (if latter enclose correspondnece)	

Note Please use separate sheet of paper for any diagrams or sketches.

Date

Signature