



# Mayfair Insurance Company Tanzania Ltd

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## CONTRACTORS ALL RISK CLAIM FORM

**Issuance of this form does not imply admission of liability by the company.**

### Important Guidelines

- This form is to be filled in capital letters and signed by the insured.
- Please DO NOT leave any column blank. If a question does not apply to your claim, please mark it as "N/A".
- All Facts, Statements & Details must be provided in full description and correctly. This will ensure prompt handling of your claim.
- If anybody holds you liable /responsible for their accident or injury, please insist that the claim must be in writing. Please DO NOT admit fault or liability without our written permission. Any expenses incurred without our approval will not be admissible.

	Policy No.	
Claim No. :	Period of Insurance	
<b>Insured Information</b>		
1. Name of Insured :	2. Address :	
3. Contact details, phone No.:	4. Email :	
5. Business/Occupation:	6. Are you VAT registered? If "Yes" VRN/ TIN No. :	
<b>Particular of Loss/ Accident of Claim</b>		
1. Date of Accident/Loss :	Time :	Place:
2. By Whom was the loss first discovered: Name : _____ Date : _____ Contact details : _____ <b>Please attach a copy of his report</b>		
3. Person(s) responsible for Loss/ Damage/ Injury:		
4. Has a claim been lodged upon the person(s) responsible for the Loss/ Damage/ Injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Was the premises occupied at the time of occurrence? If "No" when was the premises last occupied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Please provide details of any eye witness(es):		
7. Does anyone other than yourself have any interest in the property concerned? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" State the name & nature of their interest: Name : _____ Nature : _____		
8. Is the property Lost/ Damaged/Stolen insured by any other insurance company? If "Yes" please provide insurance details:		
9. Details of previous Losses/ Accidents/ Claims on the insured property:		
10. Has the police/ Fire brigade been informed of the loss? If "Yes" please provide details: _____		
<b>Note: Police report is compulsory for burglary, Injury claims. Fire brigade report is compulsory for fire claims.</b>		
11. Sum insured under this policy:		
<b>Particulars of Damage/ Loss</b>		
1. Date & time of occurrence :	2. Location details of site where damage/ loss occurred:	
3. Details of the damage:		
a) To Contract works:		
b) To Construction plant & Equipment:		

c) To Property belonging to third parties:	
d) Others:	

**Details of the Damaged section/ Works**

1. How did the damage occur and what was its probable Cause? ( <i>attach Sketches, photos, etc</i> ) :	
How far had the construction of the damaged item(s) Progressed at the time of the occurrence of damage? :	
2. How will the damaged items be repaired? :	
3. Will any alternations or improvements be made to Design, construction or material when repairs are carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Are existing building/surrounding properties damaged? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Are third party liability involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. What are the estimated costs for repair of damaged :	
a) Contract work:	
b) Construction plant and machinery:	
c) Third party property:	
d) Owner's surrounding property:	

**BURGLARY CLAIM**

*(To be completed only for burglary/ break-in claim)*

1. How was the entry gained into the premises/property?	
2. Describe damages (If any) caused to the premises as a result of break-in:	
3. Were all security doors and windows locked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. When was the premises last occupied?	
5. When and where were you last in possession of the stolen item?	
6. Who was in the premises at the time of loss? Please give details :	
7. Is the premises guarded by watchmen/ security guards? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details :	
8. Is the premises fitted with a security alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/> i) Was the alarm set prior to loss? Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Did the alarm system work correctly? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Police report (Mandatory) i) Have the police been informed of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Police station informed to?: _____ iii) Investigating officer's name and contact. Name: _____ Phone No.: _____	

**Final police report must be submitted for payment of claim.**

**THIRD PARTY LIABILITY CLAIM**

*(To be completed only if a claim is made against you)*

1. Date of first notification of incident to you :	
2. Is loss/ Damage/ Injury attributed to defects in your premises/ equipment/ plant? If "Yes" please provide details:	
3. Were any persons injured? If "Yes" please provide details of the injured person and nature of injury:	
4. Has any intimation for claim been made against you? If "Yes" by whom? :	

**Important:**

**Any payment, Offer, or promise of any admission of any liability without company's written permission is not covered under the policy. All letters from third parties should be forwarded to us immediately on receipt.**

**Declaration**

- By signing below, I/We certify that the above information is true and correct to the best of my/our knowledge and belief and if found untrue all benefits under the policy shall cease.
- I/we undertake to provide all information including documents that may be required by the company for processing of our claims.
- I/we authorize the company to disclose/share the information contained herein to their advisors, re-insurers and to other insurers. I/We also authorize the company to obtain from any other party, information that is, in company's view, relevant to this claim

Insured  
Signature

Date