

Contractors' All Risks Insurance Claim Form

PT Great Eastern General Insurance Indonesia



Policy No Nomor Polis	
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IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Department
PT Great Eastern General Insurance Indonesia
Midplaza 2, 23rd floor
Jalan Jenderal Sudirman kav. 10-11 Jakarta 10220

1. Title of contract insured

Nama proyek

Name(s) and address(es) of Insured(s)

Nama(2) dan alamat(2) Tertanggung(2)

Location and address of contract site

Lokasi dan alamat proyek

Name of supervising engineer

Nama pengawas proyek

2. When did the loss or damage occur Kapan kerugian atau kerusakan terjadi	Date Tanggal	Time Pukul
When was notice first given to the Insurers Kapan pertamakali dilaporkan ke Penanggung	Date Tanggal	Time Pukul

3. What was damaged?

Objek manakah yang rusak?

- Contract works** (Pekerjaan / bangunan utama)
 Construction plant and equipment (Peralatan konstruksi)
 Construction machinery (Mesin konstruksi)

To what extent?

Jelaskan tingkat kerusakannya

4. Has damage occurred to third parties?

Apakah terdapat kerusakan pada pihak ketiga?

- Property damage** (Kerusakan harta benda)
 Bodily injury (Cidera badan)

If so, please give details

Jika Ya, mohon jelaskan

5. **How did the damage occur and what was the probable cause?**

Bagaimana kerusakan terjadi dan apakah penyebabnya?

Please attach sketches, photos, if available, amounts of rainfall, water levels, rates of flow, police report and newspaper cutting

Mohon lampirkan sketsa, photo jika ada jumlah curah hujan, ketinggian air, laporan polisi, dan kliping koran

6. **Are there any witnesses?**

Apakah ada saksi mata?

Yes (Ya)

No (Tidak)

If so, please give names, profession and addresses

Jika ada, berikan nama(2), jabatan dan alamat(2)nya

7. **How are the damaged item to be repaired, by whom and where? Estimated time?**

Bagaimana kerusakan akan diperbaiki, oleh siapa dan dimana? Berapa lama?

8. **Are any alterations to or improvements of design, construction, execution or material being affected whilst repairs are being made?**

Apakah terdapat perubahan atau penambahan pada desain, pembangunan, pelaksanaan atau bahan saat perbaikan dilakukan?

Yes (Ya)

No (Tidak)

If so, please give details

Jika Ya, mohon jelaskan

9. **Is overtime and/or night work or work on public holidays or express freight involved in order to repair the damaged items?**

Apakah kerja lembur dan/atau kerja malam atau kerja pada hari libur atau pengangkutan cepat diperlukan untuk memperbaiki kerusakan?

Yes (Ya)

No (Tidak)

If so, to what extent and why?

Jika Ya, untuk apa dan mengapa?

10. **What are the estimated repair costs? Please enclose copy**

Berapa estimasi biaya-biaya perbaikannya? Mohon lampirkan

11. **What is the estimated indemnity for third party liability claims?**

Berapa estimasi penggantian terhadap tuntutan pihak ketiga?

Property damage (Harta benda)

Bodily Injury (Cidera badan)

12. Were any existing buildings or surrounding property damaged?

Apakah terdapat kerusakan bangunan dalam proyek?

Yes (Ya)

No (Tidak)

If so, by what?

Jika Ada, kenapa?

13. Remark

Keterangan lainnya

The undersigned Insured declares that we have answered the above questions conscientiously and truthfully

Yang bertanda tangan dibawah ini menyatakan bahwa kami telah menjawab pertanyaan-pertanyaan diatas dengan sebenarnya

Signature of Insured

Tandatangan Tertanggung

Date

Tanggal

Please send the completed claim forms and the relevant supporting documents to:

PT Great Eastern General Insurance Indonesia
MidPlaza 2, 23rd Floor, Jalan Jenderal Sudirman Kav. 10-11
Jakarta 10220, Indonesia
Tel : +62-21 5723737
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