

## ENGINEERING CLAIM FORM

Policy No.

Claims No. : \_\_\_\_\_  
(For Official Use)

Name of Insured

  


Business Address

  


Tel No.

Mobile

e-mail \_\_\_\_\_

|  |                            |
|--|----------------------------|
| 1. Date and Time of Loss   | On _____ At _____ am / pm. |
| 2. Nature and Extent of Damage   |                            |
| 3. Cause / Circumstances of Loss   |                            |
| 4. What Measures have been taken to minimize / mitigate the loss   |                            |
| 5. Proximate Estimate / Cost of Repairs  |                            |
| 6. Brief Description of the Contract Works   |                            |
| 7. If damage is due to the 'Act of God', then please enclose the report from the meteorological department / newspaper cuttings. |                            |

|   |  |
|---|--|
| 8. Has the Public Fire Brigade /Police were informed?<br>If yes, Please enclose the certificate from the Fire Brigade/<br>F.I.R from Police.  | Yes      No  |
| 9. if the damage caused by Third Party Or you have caused<br>damage to Third Party, please provide full details of the Third<br>Party including name and contact numbers                                      |  |
| 10. if the damage is relating to construction machinery, please provide full details of<br>The subject machine  |  |
| 11. Give dates of any previous claims of a similar nature you<br>have made.   |  |
| 12. Were there at the time of the occurrence any other existing<br>Insurance policies on the said Property, with any other<br>Company or Insurer, whether effected by the claimant or by<br>any other Person? | Yes      No<br><br>If Yes, please provide full particulars |

I/ We hereby certify that information herein given is to the best of my/our knowledge and information correct. I/ we also agree to render The Abu Dhabi National Takaful Co. Ltd. all necessary help in recovering the amount of all loss or a part of it from anybody whosoever ultimately become liable to make good the loss.

Date & Signature of the Insured