



C & G Underwriting Managers (Pty) Limited
 An Authorized Financial Service Provider – FSP No.30114
 on behalf of Guardrisk Ins Co. Ltd – FSP No. 75
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 Registration No. 2005/037381/07
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CONTRACT WORKS CLAIM FORM

BRANCH : _____ **CONTACT NAME :** _____

TELEPHONE NO. : _____ **REFERENCE :** _____

INSURED : _____

POLICY NO : _____

DATE INCIDENT REPORTED : _____

DATE OF LOSS : _____

ESTIMATE OF LOSS : _____

1. DETAILS OF LOSS

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2. CONTRACT LOCATION

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3. GENERAL DESCRIPTION OF CONTRACT

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4. TYPE OF CONSTRUCTION PERFORMED

- a) Civil Works
- b) Structural Works
- c) Electrical / Mechanical

5. TYPE OF CONSTRUCTION PERFORMED

- a) Contract Value
- b) Contract Period
- c) Contracting Parties
- d) Responsibility for Insurance

6. CONTACT PERSON AND TELEPHONE NUMBER ON SITE

7. SIGNATURE OF INSURED AND DATE

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