شركة التــأمين المتحدة
United Insurance Company

ERECTION ALL RISK - CLAIM FORM

IMPORTANT NOTES:

Insurers, their Agents and the Insurance Associations share information with each other to prevent fraudulent claims & for underwriting purposes. In the event of claim, some or all the information you supply to this form and in the claim form together with other information relating to the claim may be provided to other insurers, their agents and insurance associations. All questions must be answered fully.

PART: (A) POLICY HOLDER:

Name of insured

Policy No:

Address

Business/Occupation

Telephone/Mobile /Fax

Contact details for survey purposes:

Title of the contract insured:

PART :(B) OCCURRENCE:

Date and time of loss or damage.

What is the location and address of contract site?

Item No in the schedule

How did the incident occur and what was the probable cause? (please attach sketches , photographs, police reports if available)

Dubai
Tel: +971 4 2502501
Fax: +971 4 2502504
P.O.Box: 1888
Deira Dubai, U.A.E

Sharjah
Tel: +971 6 5682277
Fax: +971 6 5621586
P.O.Box: 5333
Sharjah, U.A.E

R.A.K
Tel: +971 7 2351584
Fax: +971 7 2353213
P.O.Box: 1010
Ras Al Khaimah,U.A.E

Abu Dhabi
Tel: +971 2 6263313
Fax: +971 2 6263526
P.O.Box: 721
Abu Dhabi, U.A.E

www.uic.co.ae
800 - 842

Are there any witnesses to the occurrence of the loss? YES ☐   NO ☐

If **YES,** please give name and address.

[ ]

Is the damaged item(s) was under any guarantee from supplier/repairer. YES ☐   NO ☐

Did the affected items sustain any damage in any previous accident?   YES ☐   NO ☐   If **YES** please give particulars of event(s) with details of repairs previously done.

[ ]

Has damage /injury occurred to third parties? YES ☐   NO ☐   If **YES** please state whether damage is for;
☐   Surrounding Property damage   ☐   Bodily injury

Are the damaged items to be repaired?   YES ☐   NO ☐

If YES, by whom and where.   [ ]

Please indicate the estimated time and cost of repairs.   [ ]

Was the accident reported to police authorities or fire brigade? YES ☐   NO ☐   If **YES**, please provide details.

[ ]

Was the property damaged undergoing testing? YES ☐   NO. ☐

Are there any other insurance covering the present loss? YES ☐   NO ☐   If YES please provide details.

[ ]

Salvage value? Aed [ ]

DECLARATION:

I/We declare that all particulars given are true and complete and claim the sum of Aed. _____
as detailed above as supported by the enclosed documentary evidence.

Signature:

Date