



Your Trusted Risk Manager

# সেনা ইন্স্যুরেন্স পিএলসি

## Sena Insurance PLC

(A Concern of Sena Kalyan Sangstha)

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### CAR Claim Form

Contractors All Risk Insurance

Claim No.

A. POLICY DETAILS		:	
1. Policy No.	:		
2. Title of contract Insured	:		
3. Name(s) and address(es) of Insured(s)	:		
4. Location and address of contract site	:		
B. LOSS OR DAMAGE OCCURENCE		:	
When did the loss or damage occur?	Date:	Time:	
Are there any witnesses? (If yes, please give names, professions and addresses)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. DAMAGE ITEMS		:	
Which item was damaged? (If more than one scheduled item is affected, please complete one form per item)			
<input type="checkbox"/> Contracts works <input type="checkbox"/> Civil engineering works <input type="checkbox"/> Construction plant and machinery <input type="checkbox"/> Construction equipment			
Has damage occurred to third parties? (If yes, please tick where appropriate and give details)			
<input type="checkbox"/> Property damage <input type="checkbox"/> Bodily injury			