


 <p>INSURANCE &amp; REINSURANCE الكوت للتأمين و إعادة التأمين</p>	<h2 style="text-align: center;">CLAIM FORM</h2>	<b>AK-GI-FM-029</b>
Rev.: 1 Date: 12/06/2025		

### ENGINEERING (EAR/ CAR/ CPM) INSURANCE

Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form is not to be considered as an admission of liability. Kindly fill in all the blanks and give complete details of information asked. Please return this form, duly filled, sealed & signed, within 7 days, from the date of occurrence.

Policy & Claim No.	
Period of Insurance	From:                      To:
Date & Time of Loss	
Loss Location Address	
Contact Details of person/s at Loss Location	
What was Damaged?	
Has damage occurred to third parties? If yes, please provide details.	
Describe cause of Loss/ Damage	
Are there any witness to the occurrence of the loss? If so, please give names, profession and addresses.	
Estimate/ Cost of Repair/ Replacement with Break up (Attach copy of Quotation).	

 <p>AlKoot INSURANCE &amp; REINSURANCE الشؤون التأمينية وإعادة التأمين</p>	<h2>CLAIM FORM</h2>		<p><b>AK-GI-FM-029</b></p> <p>Rev.: 0 Date: 13/04/2022</p>
<p>Details of Damaged Plant/ Works/ Property</p> <ol style="list-style-type: none"> <li>1. Description and Nature of Contact for existing work</li> <li>2. Duration of Contact</li> <li>3. At what stage was the construction/ project at the time of occurrence</li> <li>4. Will the damaged items be repaired?</li> <li>5. Will any alteration/ improvements be made to design/ construction or material when repairs/ replacements carried out?</li> <li>6. Are existing building/ properties damaged at the time of occurrence?</li> </ol>			
<p>Details of Other Existing Insurances</p>			
<p>Name &amp; Address of Company</p>	<p>Policy No.</p>	<p>Sum Insured</p>	

We/ I, the undersigned confirm that above given details are true & correct to the best of my/our knowledge

Place: \_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please provide complete answers to all the above questions. Whether, Question is not applicable, please mention 'NA'. All communications should be forwarded to the following address. The complaint procedure is available in the below mentioned Website.

Claims Department,  
Al Koot Insurance & Reinsurance Company;  
P.J.S.C, P.O. Box 24563, Doha – Qatar,  
Telephone: +974 4040 2999  
Website [www.alkoot.com.qa](http://www.alkoot.com.qa)

Al Koot is a Private Joint Stock Company licensed by the Qatar Central bank