

7 - Are any alteration to or improvement of design, construction or material being effected whilst repairs are being made? Yes No
 If so, please give details:

8 - How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:	From:	To:	Or Month:
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9 - What is the total estimated repair costs? : _____
 (Please enclose copy (ies) of repair estimate(s), which should show a breakdown into material costs, labor charges including man-hours worked and freight charges. Details of individual items to be provided in the list of items attached to this form).

Was any third party or surrounding property damaged? Yes No
 If so, Please give the details. :

12 – Any other additional: _____

Contact Person:	Phone no.:
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Position :	Fax no.:
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Insured Declaration

<p><u>Official Stamp:</u></p> <p>Date:</p>	<p>I (We) confirm and certify that the above details are true and correct.</p> <p><u>Signature:</u></p> <p>Date:</p>
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