

CLAIM FORM FOR CONTRACTORS PLANT & MACHINERY POLICY

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Policy No : _____
	Period of Insurance : _____
	Date of Accident : _____
	Claim Number : _____

PLEASE ANSWER ALL QUESTIONS FULLY

DETAILS OF INSURED		
1.		
i)	Name	(i)
ii)	Address for correspondence	(ii)
iii)	Contact Number	(iii)
LOSS DETAILS		
2.	When did the loss or damage occur? (State date and time)	
3.	Give name & address of the witness to the occurrence	
3. a)	The address of the premises where the machinery is/are installed	
4.	Brief details of accident and parts affected	
5.	Cause of loss / damage please provide (Sketch / Photographs)	
6.	Circumstances leading to loss	
7.	Is FIR filed with police authorities? if Yes please provide details	



DETAILS OF AFFECTED MACHINE/PROPERTY

8.	The Insured Machine Item No. of the inventory/Machine Sl. No./Identification No.	
9.	Sum Insured	
10.	Description of Machinery	
11.	Makers Name & Year of Make	
12.	Cost of replacement of the affected machine by a new machine of the same type & capacity	
13.	What was the last Occasion before the damage when the machine was overhauled or attended to for maintenance or damage	
14.	Has the affected machine undergone any repairs previously? If yes, the nature of such repairs	
15.	Details of Manufacturers warranty / Guarantee	
16.	Owner's Surrounding Property a) Is there a loss to owner's surrounding property If yes, please submit the details	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Third Party Property a) Is loss to any third party involved If yes, please indicate and submit the details	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TPPI <input type="checkbox"/> TPPD <input type="checkbox"/> BOTH
REPAIR & ESTIMATE DETAILS		
18.	Name & address of the workshop where repairs will be carried out	
19.	Repair estimate	

IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS/DAMAGE

20.	Is any third party responsible for the Loss / Damage	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21.	If yes, please give the name and address				

DETAILS OF OTHER INSURANCES

22.	Give details of other Insurance's on affected machines				
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Details of Previous Losses (Losses during the 3 preceding years)

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company

reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of the Insured