

CLAIM FORM FOR MACHINERY BREAKDOWN INSURANCE POLICY

Notification of Physical Loss or Damage

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

Office Address:	Cover Note / Policy : No
	Period of Insurance :
	Date of Accident :
	Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED		
	i)	Name	(i)
	ii)	Address for correspondence	(ii)
	iii)	Contact Number	(iii)
2.	When did the loss or damage occur? (State date and time)		
3.	The address where the property (item) covered is situated.		
4.	DETAILS OF ITEM AFFECTED		
5	i)	Description of Machine	
	ii)	Specification of Machine (Serial No, make, Model etc)	
	iii)	Is the damage item under Manufacturer's warranty / Guarantee, if so give details	

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6	Extent of loss	
7	What was the cause of the damage and how did it occur?	
8	How did the damage occur? (This question must be answered in detail)	
9	Address where the damaged items can be inspected	
10	What is the estimated amount of loss or damage?	
11	Details of any other existing insurance	
12	Any additional information relevant to processing of claim :	

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

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

Place:

Date:

Signature of the Insured

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