

CLAIM FORM FOR MACHINERY LOSS OF PROFIT

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 :
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PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
i)	Name	(i)
ii)	Address for correspondence	(ii)
iii)	Contact Number	(iii)
2.	Period of Insurance	From To
3.	Date and Time of Loss	
4.	Nature and Cause of Loss	
5	Give details of Machinery Breakdown Insurance Policy covering the risk involved in the accident	

MLOP Claim Form

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Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0011V01201213

6	Please give estimates of loss.	
7.a)	Has damage occurred during testing?	a) Yes/No
b)	If yes then please specify date & time of commencement of testing.	b)
8.	Was any claim reported in the past on the same property during current policy period? If so, give details regarding	
a)	Cause	
b)	Date of Accident	
c)	Claim Number	
d)	Policy issuing office	
e)	Amount of claim Paid/ outstanding	

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