



MACHINERY INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known the Company must be notified without delay. If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy Number:

A. INSURED

1. Name :
2. Address :

- City : Pin Code:
3. Telephone Number :
4. Period of Insurance : From To

B. DETAILS OF THE LOSS:

1. Date & Time of Loss :
2. Name of the witness to the occurrence :
Address :

- City : Pin Code:
3. **Details of the item affected:**
 - a. Item Number of the inventory :
 - b. Sum Insured :
 - c. Description of Machinery :
 - d. Makers Name & Year of make :
 - e. Cost of replacement of the affected machine by a new machine of the same type & capacity. :
 - f. What was the last Occasion before the damage when the machine was overhauled or attended to for maintenance or damage. :
 - g. Has the affected machine undergone any repairs previously? Yes No :
If yes, the nature of such repairs. :
 - h. Date of expiry of Manufacturers Guarantee :
4. Brief details of the Occurrence and the parts affected. :
5. What was the cause of the damage. :

(Detailed reply along with sketch would be appreciated)

6. Give the name & address of the workshop where repairs will be carried out.

C. DETAILS OF OTHER INSURANCES

Give details of other Insurance's, if any, covering the affected equipment.

D. DETAILS OF PREVIOUS LOSSES

Give details of Previous Claims, if any, on the affected equipment.

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Signature of the Insured

Date :
Place :