

Claim Form Machinery Breakdown Insurance

(The issue of this form is not to be taken as an admission of liability)

Policy No.	:					-
Period of Insurance	:	From:	То	<u>: </u>		<u>-</u>
Insured	:				 	-
Address	:				 	_
1. (a) Full Description	on of	f Machinery Damaged				
(b) Item Number	in th	ne Policy Schedule				
(c) Date of Purch	ase					
(d) Its separate v	alue					
2. Date and time of	brea	akdown				
3. Name of perso occurrence.	n/s	if any who witnesse	ed the			
4. Incident report fr	om t	the person In-charge				
5. Details of damage sustained						
6. Cause of breakdo	wn					



7. State whether the item damaged was under any guarantee from Supplier/Repairer If so, state the nature of Guarantee and the Guarantee Period.	
8. Did the affected Machine(s)sustain any damage in any previous accident? If so, give Particulars of event(s) with details of repairs executed.	
9. In which section and for what purpose was the machinery being used at the time of breakdown	
10. Have the repairs been put in hand? If so, give name and address of repairers.	
11. (a) State nature of repairs and particulars of replacement of any parts required.	
(b) Estimate of the cost of repairs/replacement (any major repairs to be executed only with prior consent and approval of the company.	
12. State the salvage value on the damaged Item.	
13. Where can be the damaged items be inspected.	
14. Are there any other insurance effected by you or any other person covering the loss sustained or any part there of?	
15. Please give any other particulars relevant to the damage.	



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Date:	Signature			
Place:				
I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.				
Please ensure to submit the following documents: - Photograph of the damaged items. - Copy of the maintenance contract with the manufacturer or its approved representative.				