

CLAIM FORM **MACHINERY INSURANCE**

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company.
Kindly answer all questions completely in order to help us to serve you better

Notification of Physical Loss or Damage

Policy No. _____ Claim No. _____

Name _____

Address _____

	Questions	Answers
1	When did the loss or damage occur? (State date and hour)	
2	Give the name and address of the witness to the occurrence.	
3	What was damaged? (a) Item of the Inventory (b) Sum Insured (c) Type of machine output or capacity (d) Manufacturers and year of manufacture (Full details on maker's plate to be given) (e) What is the cost of replacement of the machine by a new machine of the same size and capacity.	
4	(a) Was the property brand new or second hand (b) What was the last occasion before the damage when the machine was over-hauled or attended to for maintenance or damage	
5	Is the damaged property totally destroyed?	
6	What has occurred and which parts of the property are damaged to such an extent that replacement is necessary?	

	Questions	Answers
7	Has the period of guarantee expired? If so, when?	
8	What is the estimated amount of loss or damage?	
9	What was the cause of the damage and how did it occur? (This question must be answered in detail and a sketch given wherever possible)	
10	(a) Has the property undergone any repairs previously (b) What was the nature of such repairs?	(a) (b)
11	Give the name and address of the workshop where repairs will be executed :	

The undersigned policyholder declares to have answered the above questions conscientiously and faithfully and he is liable for the correctness and completeness of his statement.

_____ 20 _____

Place:

Signature