

Machinery Breakdown Insurance Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period	
Type	
Details of Insured	
a) Full name of the insured	
b) Address of insured	
c) Details of business activity of the plant/factory and number of years in operation	
Details of incident:	
a) Day, date, and time	
b) Cause of loss	
c) Nature of loss	
d) Full address of the plant/factory	
e) Is a supplier / contractor / repairer responsible, either by law or under contract, for the subject incident/event?	
f) When was the subject item / machinery commissioned to work after successful test?	
g) Did the subject incident occur while the equipment was at work, at rest, during cleaning or overhauling, when being relocated within the premises or during subsequent re-erection? Full details to be provided.	
h) Which items were damaged?	(Which part and to what extent)
i) Estimated cost of repairs:	(See annexure for details)
j) How will the damaged items be repaired / replaced, by whom & where?	
k) Is recovery possible from a third party? If yes, have you lodged a claim? Please give full particulars (name, address etc.)	
l) Are you the sole owner of the items/ machinery damaged?	

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| m) Attach incident report on the sequence of events, signed by authorized signatory | |
| n) Was there a witness to the incident/event? If so, please attach witness statement | |
| o) Give details of previous instances when a similar loss occurred involving the same items / machinery / plant / factory | |
| p) Has any recovery been achieved (through police or directly)? If yes, please give details thereof | |
| q) Are there any other insurances against the subject risk upon the same machinery? If so, provide full particulars | |
| r) List any improvements to the company's procedures proposed / effected to avoid a similar recurrence | |

DECLARATION:

1. I/We, the above named being insured under the above policy, do hereby declare and set forth that an incident/event occurred at the above described plant/factory/workshop in the manner stated and the items/machinery enumerated in the list attached and valued at sum of _____ were damaged/destroyed.
2. I/We do further declare that no other person has any interest in the said items/machinery, whether as owners, mortgagee, trustee or otherwise, and that it not otherwise insured against the described risk(s), with this or any other insurance provider, except as above stated.
3. I/We do further declare that to the best of my/our knowledge and belief, the information provided on is true and correct.

Signature of the Insured: _____

Name: _____

Date: _____

Stamp: _____