

Machinery Breakdown Insurance Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

A. INSURANCE DETAILS:

Policy Number:		Claim Number:	
Period of Insurance:	From	To	
Name:			
Address:			
Contact Number:	Landline:-	Mobile:-	
E-mail:			

B. DETAILS OF THE LOSS:

Date & Time of Loss		
Details of the item affected:		
1.	Item Number of the inventory	
2.	Sum Insured	
3.	Description of Machinery	
4.	Makers Name & Year of make	
5.	Cost of replacement of the affected machine by a new machine of the same type & capacity.	
6.	What was the last Occasion before the damage when the machine was overhauled or attended to for maintenance or damage.	
7.	Has the affected machine undergone any repairs previously? If yes, the nature of such repairs.	

8.	Date of expiry of Manufacturers Guarantee	
What was the cause of the damage.(Detailed reply along with sketch would be appreciated)		
Give the name & address of the workshop where repairs will be carried out.		

C. PREVIOUS LOSSES, if any:

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D. DETAILS OF OTHER INSURANCES AND CO-INSURANCES, If Any:

Name and address of company	Policy Number	Sum Insured

I/we, undersigned confirm that the above given details are true & correct to the best of my knowledge.

Place:

Date:

Signature of Insured