

MACHINERY BREAKDOWN CLAIM FORM

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

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number : _____

Policy Number : _____

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____

Address : _____

City : _____ State : _____ Pin : _____

Phone Number : _____ Mobile Number : _____

Email ID : _____

B. DETAILS OF BREAKDOWN / ACCIDENT:

1	Date and time of Breakdown	
2	Name and contact details of witness	
3	Cause of breakdown	
4	Details of damage sustained (Provide the sketch / photos)	
5	Name, address and contact number of the repairer	

C. DETAILS OF DAMAGE :

1	Description of the damaged Machine	
2	Serial number in the policy	
3	(a) Sum Insured as per the policy (b) Present replacement value	
4	State whether the machine damages was under any guarantee from manufacturer. If yes, please provide the details	
5	Nature of maintenance of machinery – Attach the last maintenance report.	
6	Salvage offered by the insured towards the damaged items/machine.	

D. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	
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E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place:

Signature of the Insured

Date:

(Seal is mandatory for companies)