GENERALI Central INSURANCE

CONTRACTORS PLANT AND MACHINERY INSURANCE (RETAIL) CLAIM FORM

Please Note that the issue of this claim form is not to be taken as an admission of liability.

Policy Number	
Claim Number	
Period of Insurance	
DETAILS OF INSURED	
1 Name	
2 Address	**City:** **State:** **Pin Code:**
3 Contact	**Telephone Number:** **Mobile Number:** **E-mail:**
PARTICULARS OF ACCIDENT	
1 Date & time of occurrence	
2 Name and contact details of witness	I) _____ II) _____
3 Brief details of accident and parts affected	
4 Cause of loss / damage (please provide Sketch / Photographs)	
5 Full particulars of repairer (name address, contact details)	
6 Is FIR filed with police authorities? if Yes please provide details	
DETAILS OF ITEM AFFECTED	
1 Serial no of item affected	

2 Description of machinery	
3 Make and Model	
4 Replacement cost of machinery	
5 Date when machinery was taken for maintenance and by whom? Please furnish full details	
6 Previous repair details of affected machinery, including nature of repairs	
7 Details of Manufacturers warranty / Guarantee	
DETAILS OF DAMAGE	
1 How did the damage occur and what was its probable cause? (attach sketches, photos, etc) How will the damaged items be repaired?	
2 Estimated amount of damage a. Machinery b. Third party c. Surrounding Property	
3 Give name and address of the workshop where repairs will be executed	
4 Details of loss or damage under other section (s) of the policy	
DETAIL OF OTHER INSURANCES	
Give details of other Insurance, if any, covering the present loss	
DETAILS OF PREVIOUS LOSSES	
Give details of previous Claims, if any, on the project	
Do you wish to Reinstate the Policy : ☐ Yes ☐ No	

DECLARATION

I/We agree to provide additional information to the company, if required. 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 if 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 or future accident shall be forfeited.

Date:_____

Place: _____

Signature of insured with companies seal