

## MACHINERY BREAKDOWN INSURANCE CLAIM FORM

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

DETAILS OF INSURED						
1	Name:					
2	Address					
2	Address:					
		City:	Pin:			
	Talanhana aantaati					
	Telephone contact:					
	e-mail					
1	Date & time of occurrence	TAILS OF ACCIDENT				
	Date & time of occurrence					
2	Name and contact details of witness	i)				
	WILLIESS					
		ii)				
3	Brief details of accident and					
3	parts affected (please provide					
	Sketch / Photographs)					
4	Cause of loss / damage					
	Name address talambans no					
5	Name ,address, telephone no of repairer					
	•					
DETAILS OF ITEM AFFECTED						
1	Serial no of item affected					
2	Description of machinery /					
	Make &Model					

UIN: IRDAN132RPEN0007V02200708



3	Current replacement cost of damaged item				
4	Date and nature of maintenance carried out				
	(attach record), specify details				
5	Previous repair details of				
	affected machinery , including nature of repairs				
	•				
6	Is the damage item under Manufacturers warranty /				
	Guarantee, if so give details				
7	Indemnity under any additional				
	cover opted under 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					
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 company's sea

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: <a href="https://generalicentralinsurance.com">https://generalicentralinsurance.com</a> | Email ID: <a href="mailto:gcicare@generalicentral.com">gcicare@generalicentral.com</a> | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800

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