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

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 seal