



**MACHINERY BREAKDOWN INSURANCE
CLAIM FORM**

(Company does not admit liability by the issuance of this form)

- 1. Policy Number -----
- 2. Name of Insured -----
- 3. Address of the Insured -----
- 4. E- mail address -----
- 5. Mobile number -----
- 6. Name of Claimant -----
- 7. Period of Cover -----
- 8. a) Date & Time of loss, if known -----
b) If not known, when, where and by whom the property was last seen intact-----

- 9. Give full details of the damaged Machine a) Item No -----
b) Make----- c) Year of Manufacture -----
d) Date of Purchase ----- e)Sum Insured -----
- 10. Where does the loss / damage occur -----
- 11. Give full description of how the loss/damage was sustained and to what extent --

- 12. Is there any suspect or Person responsible for the loss/damage? -----

- 13. Estimate of loss -----
- 14. Please give details of any other insurance cover on the loss/damaged item-

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me and no other person has interest in it, whether as Owner, Mortgagee or Trustee.

Signature ----- Date -----

Witness

Name ----- Address -----

Signature ----- Date -----