

MACHINERY BREAKDOWN AND MACHINERY LOSS OF PROFITS INSURANCE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability

Notification of loss or damage

Claim No _____ Policy No _____ D.O/UNIT _____

- 1) Name _____
2) Address _____
3) Give full description of machine effected including make, type, sr. no, year of make and function of the machine _____
4) Situation of plant or works address and state nearest railway station _____
5) When did the breakdown occur? (state date and hour) _____
6) How did the breakdown occur? (this question must be answered in detail and copies of letters addressed to makers, suppliers and repair firm should be attached) _____
7) Give details of parts affected
a) Parts to be repaired _____
b) Parts to be repaired (sketches to be attached) _____
8) What is the estimated cost of repairs? State any additional which may be incurred? _____
9) Do you wish to carry out repairs yourself? Do you wish to entrust repairs to another firm?(state name) _____
10) What is the actual or probable cause of the breakdown? _____
11) What steps have been taken to prevent to similar breakdown? _____
12) Has any production been lost? (give details) _____
13) By what date will it be possible to resume normal production? _____
14) What is the estimated loss of turnover during the period of breakdown? _____
15) Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc. to minimize the loss? _____

As soon as a loss or breakdown has become known, the Company must be notified without delay on this form agents are not authorized to accept notifications of loss or breakdown.

The undersigned policyholder declares to have answered the above questions conscientiously and truthfully and he is responsible for the correctness of this statement.

Place: _____

Date: _____

Signature: _____

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