


IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

 ADDRESS OF POLICY
ISSUING OFFICE

Claim No.: _____

Date of Issue: _____

MACHINERY BREAKDOWN INSURANCE CLAIM FORM

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 14 days, from the date of occurrence.

Policy No.		
Date & Time of breakdown		
Machine which broke down was installed at (Complete Address of Location)		
Circumstances of loss (Brief write up on circumstances under which the Machine broke down and how & when it was detected)		
Your opinion about the Cause of Breakdown		
Schedule Item of Policy		
Description of Machine		
Specification of Machine		
Extent of Damage		
Cost of Repair (please attach copy of Quotation)		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

Name:

Signature:

Date: