



MACHINERY BREAKDOWN INSURANCE

CLAIM FORM

Claim No. \_\_\_\_\_ Risk Code (For office use) \_\_\_\_\_

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Limited.

Do not dispose or destroy damaged parts/machinery without consent of surveyor.

A. The Insured

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Tel No.: Office: \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

B. Policy Details

Policy No.: \_\_\_\_\_ Period of Insurance: \_\_\_\_\_ to \_\_\_\_\_

C. Machinery details

Location of damaged machinery \_\_\_\_\_

Description of damaged machinery \_\_\_\_\_

Make: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Year of manufacture: \_\_\_\_\_ HP/KW: \_\_\_\_\_

Date of expiry of manufacturer warranty: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sum Insured: \_\_\_\_\_

Cost of replacement by a new machine of same type/capacity: \_\_\_\_\_

Date of last maintenance service/overhaul of machine: \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of previous repairs, if any. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**D. Loss details**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Describe what happened (Attach sketch if appropriate): \_\_\_\_\_

\_\_\_\_\_

Probable cause of damage: \_\_\_\_\_

\_\_\_\_\_

Name & Address of repairer: \_\_\_\_\_

\_\_\_\_\_

Estimate of cost of repairs, itemized separately for parts and labour. \_\_\_\_\_

\_\_\_\_\_

**E. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage or items.

\_\_\_\_\_

**F. Details of previous losses, if any.**

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

**Signature of Claimant:**

**Date:**

**Place:**

**Company's stamp**