



MACHINERY BREAKDOWN CLAIM FORM

POLICY NO:.....

CLAIM NO:.....

1. Name and address of Insured

.....

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Address of Plant

.....

Name of Chief Engineer
Or Plant Manager

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2. When did the loss or damage occur? Time: Date:

When was notice first given To whom?

To the Insurer By whom?

3. Are there any witness? Yes no

If so, please give names,
Professions & addresses

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4. Which item was damaged?

Item No. in Specification of
Policy Schedule

Sum Insured

Name of manufacturer,
type of machine

Year of manufacture, serial no.
(please give full details as on
manufacture's plate)

Description of damaged item
(capacity, rpm weight, etc)

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Had the manufacturer's Guarantee period for the Damage item expired? yes no

If so, when? -----

5. Which parts were damaged? -----

6. How did the damage occur and what was its probable cause Please attach sketches, photos etc. -----

7. Do the fractures show any sign of faulty casting, faulty material or previous repair? yes no

If so, please give details. -----

8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? -----
if so, please give details. -----

9. How will the damaged items be repaired, by whom and where? -----
Please indicate estimated Repair period -----

10. What are the estimated repair costs? -----

11. Was any third party or surrounding property damage yes no

if so, please give details -----

12. Remarks -----

Please enclosed copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges – including man-hours worked-and freight charges

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.
Issued at.....this.....day of.....20.....

Signed:.....