



MACHINERY BREAKDOWN CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

CLAIMS HOTLINE – 0501447071 / 0501447063

1. Name and address of Insured _____

Address of plant _____

Name of chief engineer or plant manager _____

Nearest railway station/airport _____

2. When did the loss or damage occur? _____

Time: _____ Date: _____

When was notice first given to the Insurer? _____

To whom? _____ By whom? _____

3. Are there any witnesses? yes /no

If so, please give names, professions and addresses. _____

4. Which item was damaged? _____

Item No in Specification of Policy Schedule _____

Sum insured _____ Name of manufacturer _____

Type of machine _____ Year of manufacture _____

Serial number _____

(Please give full details as on manufacturer's plate.)



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

Had the manufacturer's guarantee period for the damaged 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? Yes/no

If so, please give details. _____

9. How will the damaged items be repaired, by whom and where? _____



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Please indicate estimated repair period. _____

10. What are the estimated repair costs? _____

11. Was any third party or surrounding property damaged? yes/no

If so, please give details. _____

12. Remarks _____

Please enclose 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.

Executed at Date _____ Signature _____