

MACHINERY INSURANCE CLAIM FORM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____

POLICY NO: _____

Details of Insured:

1. Name : _____

2. Address : _____

Telephone No./Mobile No. : _____

3. Occupation : _____

Details of the Loss:

1. Sl.No. of item affected
under policy : _____

2. Make & Model : _____

3. Technical Specifications if any : _____

4. Current replacement value of the item: _____

5. Date & Time of Loss : _____

6. Brief details of the loss : _____

7. Probable cause of loss : _____

8. Is the damaged item under
Guarantee period : _____

9. When and nature of last maintenance
Carried out (attach log records) :
Specify the details

10. Name & Address of the repairer :

11. Previous loss details :

12. Details of any other insurance.....:
Name & Address of the Company:.....
Insured.....
Policy No..... Policy period : and sum of

13. Do you want to reinstate the
policy: : Yes / No.

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

Signature of Insured