



Royal Sundaram

# MACHINERY BREAKDOWN CLAIM FORM

**For Office Use only**

Issuing Office \_\_\_\_\_

Date of Issue \_\_\_\_\_

Claim No. \_\_\_\_\_

## ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Phone No: 044-851 5500, Fax: 044-851 1750 e-mail : royalsundaram@vsnl.net

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.**

Please ensure that this form is completed in capital letters in all respects. Please attach additional sheet if required to answer a question.

**1. Policy No.**

**2. Date & time of Occurrence**

**3. Details of the insured:**

Name &  
Address of the  
Insured

Phone No.  
Fax  
Mobile

**4. Details of Other Insurance Policies covering the same interest:**

NAME OF THE COMPANY	POLICY NO	POLICY PERIOD	SUMINSURED

**5. Details on Item damaged**

a. Type of Machinery damaged	
b. Age of the damaged machinery	
c. Its output & capacity	
d. Make & Serial Number of the affected Machinery.	
e. Serial Number in the policy.	

**6. Details of loss:**

a. Was the property brand new or second hand?	
b. What is the total replacement value of the machinery affected?	
c. What was the last occasion before the damage when the machine was overhauled or attended to for maintenance?	
d. How did the breakdown occur?	
e. What is the actual & probable Cause of breakdown	
f. Give details of parts affected: Parts to be replaced  Parts to be repaired	
g. Give detailed estimate of your claim on Parts to be repaired  Parts to be replaced	

**7. Details of loss on Machinery Loss of Profits (To be answered when there is a Machinery Loss of profit policy is in force)**

a Has any production been lost?(Give details)	
b By what date will it be possible to resume normal production?	
c What is the estimated loss of turnover during the period of breakdown?	
d Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc to minimise the loss?	

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required.	
Place: Date:	Signature of the Insured Name: Address:

Please submit the following documents along with the claim form within 14 days.

1. Invoice/Bills
2. Photographs
3. Copy of log book entry

Estimate of loss.       Photographs      Invoice/Bills