

CLAIM FORM - MACHINERY BREAKDOWN (MB) POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

If any detail or information is not readily available, please do not delay the dispatch of this form. Other particulars may be sent later.

Claim Number: _____

Policy Number: _____

Period of Insurance : From To

A. DETAILS OF INSURED/CLAIMANT:

Name as per Policy:

Address:

City: State: Pin:

Phone: Mobile:

Email ID:

B. DETAILS OF BREAKDOWN / ACCIDENT:

1) Date & Time of Breakdown	<input type="text" value="DDMMYYYY"/>	<input type="text" value="HH"/> : <input type="text" value="MM"/> AM/PM
2) Name and contact details of witness	<input type="text"/>	
3) Cause of breakdown	<input type="text"/>	
4) Details of damage sustained (Provide the sketch / photos)	<input type="text"/>	
5) Name, address and contact number of the repairer	<input type="text"/>	

C. DETAILS OF DAMAGE:

1) Description of the damaged Machine	<input type="text"/>
2) Serial number in the policy	<input type="text"/>
3) (a) Sum Insured as per the policy (b) Present replacement value	<input type="text"/>
4) State whether the machine damages was under any guarantee from manufacturer. If yes, please provide the details	<input type="text"/>
5) Nature of maintenance of machinery – Attach the last maintenance report.	<input type="text"/>
6) Salvage offered by the insured towards the damaged items/machine.	<input type="text"/>

D. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any _____

E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any _____

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DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of the Insured
(Seal is mandatory for companies)