

Householder's Package Policy (Retail)

Breakdown of Domestic Appliances Claim Form

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDI..

A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No.

Office _____ Mobile _____ email _____

Contact name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Domestic Appliances details

Location of damaged appliances _____

Description of damaged appliances _____

Make _____ Type _____

Model _____ Serial No. _____

Year of manufacture _____ HP/KW _____ Date of expiry of manufacturer

warranty ____/____/____ Sum Insured _____ Cost of replacement by a new
machine of same type/capacity _____

Date of last maintenance service/overhaul of machine ____/____/____

Details of previous repairs, if any _____

D. Loss details

Date _____ Time _____ am/pm
Describe what happened (Attach sketch if appropriate) _____

Probable cause of damage _____

Name & Address of repairer _____

Estimate of cost of repairs, itemized separately for parts and labour _____

E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items _____

F. Details of previous losses, if any _____

G. Steps taken to prevent future reoccurrence

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Date : _____

Company's stamp