



## Claim Form

# Machinery Breakdown Policy (Retail)

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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. Machinery details

Location of damaged machinery \_\_\_\_\_

Description of damaged machinery \_\_\_\_\_

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. If Spoilage of frozen food is insured?

Did spoilage of frozen goods occur? Yes  No

If yes, what type of goods \_\_\_\_\_

Where are the goods stored now \_\_\_\_\_

What was the value of goods (please attach invoices in support)

\_\_\_\_\_

#### F. If Business Interruption or Machinery Loss of Profits is insured

What time did the machine stop? \_\_\_\_\_ am/pm

Has any production been lost? Yes  No

Which departments are affected by the stoppage \_\_\_\_\_

\_\_\_\_\_

What is your approximate daily turnover \_\_\_\_\_

When do you anticipate repairs/replacement to the damaged machine to be completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is the estimated loss of turnover during the period of breakdown \_\_\_\_\_

If you are incurring increased cost of working, what is the daily cost of these \_\_\_\_\_

\_\_\_\_\_

#### G. Details of other insurances

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

\_\_\_\_\_

#### H. Details of previous losses,

if any \_\_\_\_\_

\_\_\_\_\_

## I. Steps taken to prevent future reoccurrence

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## 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