



Contractors Plant and Machinery Insurance Policy (Retail)

CLAIM FORM

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

Policy No. _____ Claim No. _____

Name _____

Address _____

1.	When did the loss or damage occur? (state date and hour)	__/__/____ __:__ AM/PM
2.	Give the name and address of the witness to the occurrence.	
3.	Give the details of the damage :- (a) Item of the Inventory (b) Sum Insured (c) Type of machine output or capacity (d) Manufacturers and year of manufacture (Full details on maker's plate to be given) (e) What is the cost of replacement of the machine by a new machine of the same size and capacity?	(a) (b) Rs. (c) (d) (e)
4.	(a) Was the property brand new or second hand? (b) What was the last occasion before the damage when the machine was over hauled or attended to for maintenance or damage	(a) (b)
5.	Is the damaged property totally destroyed?	

6.	What has occurred and which parts of the property are damaged to such an extent the replacement is necessary?	
7.	Has the period of guarantee expired? If so, when?	
8.	What is the estimated amount of loss or damage?	Rs.
9.	What was the cause of the damage and how did it occur? (This question must be answered in detail and a sketch given wherever possible)	
10.	(a) Has the property undergone any repairs previously? (b) What was the nature of such repairs?	(a) (b)
11.	Give the name and address of the workshop where repairs will be executed : (Provisional repairs will be indemnified)	
12.	Upon completion of survey and loss assessment when and where the duly repaired/reinstated machinery can be inspected by Magma HDI General Insurance Company Ltd or Surveyor.	

As soon as loss or damage has become known the Company at its Head Office/ Claims Office must be notified without delay on the present form. The Agents are not authorized to accept notification of loss or damage.

The undersigned policyholder declares to have answered the above questions conscientiously and faithfully and he is liable for the correctness and completeness of his statement.

Date :

Signature of Insured:

Place :

Name: