

Machinery Breakdown Claim Form

INSURED

Name _____

Address _____

_____ Telephone No. _____

Policy No. _____

DETAILS OF ACCIDENT

Date of Accident

Identification details of the damaged machines

Details of damage sustained

Cause of the accident

REPAIRS

What repairs or replacements are necessary and what is the estimated cost thereof?

Have the repairs been put in hand? By whom are they to be carried out?

INSPECTION OF DAMAGE

Where may the damaged parts be examined if the Insurer should so desire?

OTHER INSURANCES

Are there any other insurances effected by you or by any other person covering the loss or any part thereof?

If so, please state full particulars

Insurance Co

Policy No

Period of Insurance

Amount Insured

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Date _____ Signature of Insured _____