

Notification of Loss or Damage for Machinery Insurance

Claim No

Policy No

The issuing of this form is not to be taken as an admission of liability by the Insurers.

1. Name and address
of Insured

Address of plant

Name of chief engineer
or plant manager

Nearest railway
station/airport

2. When did the loss or
damage occur?

Time: _____ Date: _____

When was notice first given
to the Insurer?

To whom? _____

By whom? _____

3. Are there any witnesses?

yes no

If so, please give names,
professions and addresses.

4. Which item was damaged? ¹

Item No in Specification
of Policy Schedule

Sum insured

Name of manufacturer,
type of machine

Year of manufacture, serial
number

(Please give full details as
on manufacturer's plate.)

Description of damaged
item (capacity, rpm
weight, etc)

¹ If more than one scheduled item is affected, please complete one form per item.

5. Which parts were damaged?		
6. How did the damage occur and what was its probable cause? Please attach sketches, photos, etc.		
7. Do the fractures show any sign of faulty casting, faulty material or previous repair? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
9. How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.		
10. What are the estimated repair costs? ²		
11. Was any third party or surrounding property damaged? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
12. Remarks		

² Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges – including man-hours worked – and freight charges.

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Executed at

Date

Signature