



MACHINERY BREAKDOWN INSURANCE

CLAIM FORM

Claim No. _____ Risk Code (For office use) _____

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 Raheja QBE General Insurance Company Limited.

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

A. The Insured

Name: _____

Address: _____

_____ Pin Code _____

Tel No.: Office: _____ Mobile _____

E-mail: _____

Contact Person: _____ Mobile No. _____

E –mail of Contact Person: _____

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. Details of other insurances

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

F. Details of previous losses, if any.

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 Claimant:

Date:

Place:

Company's stamp