

Machinery Breakdown Claim Form

Insurers Agent Policy No. Claim No.

Name

Address

1. Date of Accident

2. Identification details of the damaged machines

3. Details of damage sustained

4. Cause of the Accident

5. What repairs or replacement are necessary and what is the estimated cost thereof?

6. i. Have the repairs been put in hand? Yes No

ii. By Whom are they to be carried out?

7. Where may the damaged parts be examined if the Company should so desire?

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

9. Remarks

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date

Signature _____