



MACHINERY/ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Important Instructions

- Claim Form to be filled in capital letters and signed by the Insured.
- Please submit the documents as mentioned at the end of this form*.
- Please do not leave any column unanswered. Mention "N/A", if not applicable.
- Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- Preserve any damaged or defective property or parts for inspection by the surveyor.
- Hold liable in writing any third parties believed to have caused loss / damage.
- If any detail or information is not readily available, please do not delay the dispatch of this form.

Policy Number - - - - -
Period of Insurance / / to / /
Claim Number

A. DETAILS OF INSURED/CLAIMANT

Name as per policy
Address
City State Pin Code
Contact Number : Phone STD Code No. Mobile + 9 1
E-mail ID

1. Brief Description of Business / Office / Industry / Occupation

B. DETAILS OF LOSS / ACCIDENT

1. a) Date of Loss / / b) Time of Loss : A.M. / P.M.
c) Reasons for delay in reporting the claim, if any

2. Loss Location

Address
City State Pin Code

1. Describe Nature and Cause of Loss / Damage / Breakdown

2. i) Estimated Loss Material Damage (Rs.)

ii) Estimated Salvage Value (Rs.)

3. Details of Items Affected (Please provide details in a separate sheet if space provided is not adequate)

Sl. No.	Description of Machinery	Manufacturer	Year of Manufacture	Identification / Machine / Serial No.	Sum Insured (Rs.)	Date Erected / Commissioned	Date of Expiry of AMC / Warranty	Cost of Repair / Replacement (Rs.)

4. Identify the affected item as shown in the policy schedule

a) Item No. b) Location of the item c) Was the item in use?

5. What was the general condition of the item before the loss / damage?

6. Has any alteration/improvement to design/repair been made after inception of Policy? ☐ (Yes) ☐ (No)

If 'Yes', please give details



7. State whether the item damage was under any guarantee / warranty from supplier / manufacturer / any other agency? ☐ (Yes) ☐ (No)

If 'Yes', the nature and the period of guarantee / warranty _____

8. Has the affected equipment undergone any repairs previously? ☐ (Yes) ☐ (No)

If 'Yes', the nature of such repairs _____

Date of Repair	Nature of Repair	Parts affected	Cost of Repair (Rs.)

9. What steps have been taken to prevent similar break down? _____

10. What measures were taken to minimize the loss? _____

11. Is the property mortgaged with any financier? If Yes, name and address of the financier

Name _____

Address _____

WITNESS DETAILS (Please attached statement of witnesses)

Were there any witnesses to the loss / accident? ☐ (Yes) ☐ (No), If 'Yes', Name of Person(s)

1. _____ Phone No. _____

2. _____ Phone No. _____

INFORMATION TO AUTHORITY

Has the loss been reported to an Authority? ☐ Fire Brigade ☐ Police ☐ Municipality ☐ Labour Authority ☐ Others

If 'Yes', date reported _____ No. _____

(Please attach copies of correspondence exchanged with the authorities) Month and Date _____

If 'No', reason for not reporting _____

C. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? ☐ (Yes) ☐ (No), If 'No', specify

Nature of Interest _____

Person/s who has/have interest on property _____

Address _____

City _____ State _____ Pin Code _____

Phone STD Code _____ No. _____ Mobile + 9 1 _____

E-mail ID _____

D. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance ☐ (Yes) ☐ (No), If 'Yes', specify details and attach a copy of the policy

Name of the Insurer _____

Policy Number _____

Period of Insurance d d / m m / y y y y to d d / m m / y y y y

Sum Insured (Rs.) _____

E. DETAILS OF REPAIR / REPAIRER

Is the repair being carried out in house? ☐ (Yes) ☐ (No)

If 'Yes', specify and submit Job-Work estimates along with Pro-forma Invoices of Spare Parts to be replaced _____

If 'No' specify following details

Name of the Repairer																			
Name of contact person/s																			
Address																			
City					State					Pin Code									
Phone STD Code					No.					Mobile + 9 1									
E-mail ID																			

F. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

G. DETAILS OF OTHER INFORMATION

Please provide any other relevant information (☐ (Yes) ☐ (No), If 'Yes', specify) pertaining to this property and incidence.

I/We, do hereby, confirm that I/We have fully observed the manufacturer's instructions for operating, inspections and overhaul, as well as Government, Statutory, Municipal and all other binding regulations in force concerning the operation and maintenance of the plant and machinery.

I/We, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place :

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 Date :

d	d	/	m	m	/	y	y	y	y
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Signature : _____
 Name of Insured / Claimant : _____

* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Claim Form
2. Log Book Details / Extracts
3. AMC / Repair Agency's Report detailing extent of damage, cause and suggested repair procedure
4. Report filed by the AMC / Repair Agency during the visit preceding the loss date
5. Claim bill with supporting documents (Original Repair / Replacement Bills)
6. No Objection Certificate from the financier if claim is to be settled in your favour
7. A copy of service or maintenance contract with manufacturer or other agency

* Additional documents required by insurer if any, will be intimated to you as and when required