

MACHINERY BREAKDOWN / DAMAGE CLAIM FORM

Name and address of Insured:

Location at which damage sustained:

Policy No:

1. Identification number and description of item damaged:
.....
 2. Date of accident:
 3. Cause and full description of circumstances of accident:
.....
 4. Repairs and replacement necessary and estimate cost:
.....
 5. Have the repairs been put in hand or completed? If so, by whom?
.....
 6. Where can the damaged parts be inspected should the Insurer so desire?
.....
 7. Was the accident caused by a Third Party? If so, give name and address of Third Party concerned:
 8. Has any claim been made upon any Third Party? If so, please supply copies of the relevant correspondence:
 9. Who witnessed the accident?
 10. Details of any other insurance under which you are entitled to recover for this damage:
.....
 11. Remarks:
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I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Date:

Signature:

(If Policyholder is body corporate, title of person signing)