NOVA INSURANCE COMPANY LIMITED

Plot 6, Mackinnon Road, Nakasero, P.O. Box 24876, Kampala - UGANDA

Tel: +256 414 232995, Fax: +256 414 232996 E-mail: info@novainsurance.co.ug

Contractors’ Plant and Machinery

Claim Form (Please Complete this Form in Block Capitals)

**Without prejudice**

Insured

Name…………………………………………………………………………………...............................................

Policy No………………………………………………………………Address……………………………………...

Occupation………………………………………………………….Home Tel. No………………………………….

Office Tel. No……………………………………………………….Postcode………………………………………

Operator or person in charge of Plant

Name…………………………………………………………………………………….Age…………………………

Address…………………………………………………………….Home Tel. No…………………………………..

Office Tel. No………………………………………………..Occupation……………………………………………

Length of time employed …………………………………………………………………………………………….

Name, address and telephone no. of Employer

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If not the Policyholder did the operator have the Policyholder’s permission to operate the plant? Yes / No

Postcode………………………………………………………………………………………………………………..

Accident

Date……………………………………Time……………………………… Place…………………………………..

Description of Accident

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Give sketch plan of accident here (or on separate sheet) show how if possible, widths of roads, location and direction of travel of vehicles or pedestrians concerned and relevant signs.

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Third Party

Name………………………………………………………………Policy/Certificate No……………………………

Address………………………………………..Home Tel. No………………………….Office Tel. No……………

Name and addresses of Insurers

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Make, model and registration no. of Plant…………………………………………………………………………..

Description of damage to other Vehicle or Property……………………………………………………………….

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Witnesses

All witnesses (name, address and telephone no.)

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Theft

Purpose for which the plant was being used……………………………………………………………………….

Place and circumstances of loss ……………………………………………………………………………………

Date/Time Plant was left……………………………………………………………………………………………...

Date/Time loss discovered……………………………………………………………………………………………

How Plant was secured……………………………………………………………………………………………….

Police Station to which loss was reported (Name and address)…………………………………………………

………………………………………………………………………………………………………………………….

Date/time of Report …………………………………………………Crime Ref No………………………………..

(If supplied please attach police confirmation letter.)

Description of Plant

Please complete the following information for each item of Plant (Copy form if necessary)

Make……………………………………………………………………….Model…………………………………….

Serial No…………………………………………Reg No…………………………………………

Date of Manufacturer…………………………………………Date of Purchase (attach purchase receipts)

……………………………………………………………………………………………………………

Date/Time of Report…………………………………………….......Crime Ref No. ………………………………

Own Plant

List of extras or attachments…………………………………………………………………………………………

…………………………………………………………………………………………………………………………..

List major parts renewed in the last 12 months (attach invoices)………………………………………………..

…………………………………………………………………………………………………………………………..

Replacement cost of Plant (net of discounts) ……………………………………………………………………...

Pre-accident/loss market value of Plant ……………………………………………………………………………

Was Plant hired out? ......................................... Yes/No

If ‘Yes’, , to whom and under what conditions? ………………………………………………………….. (attach signed copy)

Were conditions made known at or before commencement of hire?............................... Yes/No

If ‘Yes’ , how and when were they made known?........................................................................................

…………………………………………………………………………………………………………………………..

Have you claimed against the HIRER?.................................... Yes/No

If ‘Yes’ , attach details…………………………………………………………………………………

Does anyone else have an interest in the property?..................................................... Yes/No

If ‘Yes’ , please give full details……………………………………………………………………………………..

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Hired in Plant

Name and addresses and telephone no. of owner

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What hire conditions apply? …………………………………………………………………(attach signed copy)

Hire Contact No………………………………………………………………………………

Were conditions known at or before commencement of hire?............................. Yes/No. If ‘Yes’ , how were they made known and when? …………………………………………………………………………………

Has claim been intimated by owner?..................................... Yes/ No. If ‘Yes’ ,, by whom, on what basis and for how much? (attach copy correspondence) ……………………………………………………………….

Damage

Description of damage

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Approximate repair cost ……………………………………………………(attach estimate or correspondence)

Repairer’s name, address and telephone No.

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Is Plant at repairers?....................... Yes / No. If ‘No’, where is it?

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Recovery – of Plant and/or Accessories

Date recovered……………………………………Time……………….. Where found……………………………

If damaged, give details and forward estimate for repairs

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Where is the plant and/or accessories lying and in whose charge?

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I/We declare that this is a full and accurate statement according to my/our information and belief. I/We therefore claim the sum of…………………………………………………………as the amount due to me/us in respect of the loss of or damage to the property detailed.

I/We also declare that no person(s) has/have an interest in the property lost or damaged other than as stated herein.

Name Signature Date

………………………………….. …………………… …………

Damaged Property

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company.