

MACHINERY BREAKDOWN CLAIM

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

| | | | |
|-------------------|--|--------------------|----------------|
| Claim No. : _____ | | Policy No. : _____ | Agency : _____ |
| 1. | Name of Insured (in full) | | |
| 2. | Address | | |
| 3. | Works Address | | |
| 4. | Name of Chief Engineer | | |
| 5. | Nearest Railway station | | |
| 6. | When did the loss or damage occur? (state date and exact time) | Date : _____ | Time: _____ |
| 7. | Give name and address of witnesses of the occurrence | | |
| 8. | Which items were damaged? a) Item number in schedule of machinery b) Sum Insured c) Description of damaged items (capacity, number of revolutions, weight, etc) d) Name of manufacturer, type of machine e) Year of manufacturer, serial number (full details as on make's plate to be given) | | |
| 9. | Which parts were damaged? | | |
| 10. | How did the damage occur and what was its probable cause? (Please attach sketches, photos, etc) | | |
| 11. | Has the guarantee period for the damaged item expired? If so, when | | |
| 12. | Do the fractures show any sign faulty casting or faulty material or of previous repair? | | |
| 13. | How will the damaged items be repaired and by whom? | | |
| 14. | Will any alterations or improvements be made to design, construction or material when repairs are carried out? | | |
| 15. | What are the estimated repair costs? | | |
| 16. | Remarks | | |

The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.

Date : _____

 Signature of Insured
 Company's chop (if applicable)
 Name : _____
 Designation : _____
 NRIC : _____

Tick (/) where applicable