

**NOTIFICATION OF LOSS OR DAMAGE FOR  
MACHINERY INSURANCE**

**Policy No.**  
**Claim No.**

The issuing of this form is not to be taken as an admission of liability by the Insurers

<p>1. Name and address of Insured _____          _____          _____          _____          Address of the Plant _____          _____          Name of Chief engineer or plant manager _____          _____          Nearest railway station/airport _____          _____          _____</p>	
<p>2. When did the loss or damage occur? _____          When was the notice first given to the Insurer? _____</p>	<p>Time: _____ Date: _____          To Whom? _____          By Whom? _____</p>
<p>3. Are there any witnesses _____          If so, please give names, profession and addresses _____          _____          _____</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No          _____          _____          _____</p>
<p>4. Which item was damaged? _____          Item No. in Specification of Policy Schedule _____          Name of manufacture, type of machine _____          Year of manufacture, serial number (Please give full details as on manufacturer's plate) _____          Description of damaged item (Capacity, r.p.m., weight, etc) _____          _____          Had the manufacturer's guarantee period for the damaged item expired _____</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No          If so, when? _____          _____</p>

<sup>1</sup> If more than one scheduled item is affected, please complete one form per item

5. Which parts were damaged

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6. How did the damage occur and what was its probable cause?

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Please attach sketches, photos, etc.

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7. Do the fractures show any sign of faulty casting, faulty material or previous repair?

Yes       No

If so please give details.

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8. Are any alterations to or improvements of design, execution or construction materials being effected whilst repairs are being made?

If so please give details

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9. How are the damaged item to be repaired, by whom and where?

Yes       No

Please indicate estimated repair period

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10. What are the estimated repair costs for damage

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11. Was any third party or surrounding property damaged?

Yes       No

If so please give details

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12. Remarks

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<sup>2</sup> Please enclose copy(ies ) of repair estimate(s), which would show a breakdown into material costs, labour charges - including man-hours worked – worked – and freight charges

The undersigned insured declares that he has answered the above questions conscientiously and truthfully

Executed at : \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

