

CPM Insurance - Claim Form

Notification of Physical Loss or Damage
(This issue of this form is not to be taken as an Admission of Liability)
PLEASE ANSWER ALL QUESTIONS FULLY

Claim No.

Policy No.

1.	Name and Address of the Assured	
2.	Description of property damaged	
3.	Identification No/Serial Number	
4.	Location of the property	
5.	Item number in the Policy Schedule	
6.	Sum Insured	
7.	When did the loss or damage occur	
8.	Narrate circumstances of loss	
9.	What was the cause of the loss ?	
10.	In which section and for what purpose was the machinery being used at the time of loss ?	
11.	Date of intimation to Insurer	
12.	State whether the item damaged was under any guarantee from Supplier/ Manufacturer Repairer. If so, the nature of guarantee and the period.	
13.	Did the equipment(s) sustain any damage in any previous accident? If so, details	
14.	Have the repairs been put in hand? If so give name and address of repairs.	
15.	Indicate the estimated repair charges and repair time.	
16.	State salvage value of the damaged item.	
17.	Where can the damaged items be inspected?	
18.	Are there any other insurance effected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details.	
19.	In the event of loss caused by Burglary, Theft, Fire, which police station has been notified?	
20.	Any other particulars relevant to the damages.	

I/We hereby agree, affirm and declare that:

- The statements/information given/ stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- The receipt of this claim form/other supporting/ related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the company reserves the right to process or reject or require further/ additional information in respect of the claim.

Place:

Date:

Signature and Seal: