



MACHINERY BREAKDOWN AND MACHINERY LOSS OF PROFITS INSURANCE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability  
Notification of loss or damage

Claim No \_\_\_\_\_ Policy No \_\_\_\_\_ D.O/UNIT \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Give full description of machine effected including make, type, sr. no, year of make and function of the machine: \_\_\_\_\_
4. Situation of plant or works address and state nearest railway station: \_\_\_\_\_
5. When did the breakdown occur? (state date and hour) \_\_\_\_\_
6. How did the breakdown occur? (this question must be answered in detail and copies of letters addressed to makers, suppliers and repair firm should be attached) \_\_\_\_\_
7. Give details of parts affected

a) Parts to be repaired \_\_\_\_\_

b) Parts to be repaired (sketches to be attached) \_\_\_\_\_
8. What is the estimated cost of repairs? State any additional which may be incurred? \_\_\_\_\_
9. Do you wish to carry out repairs yourself? Do you wish to entrust repairs to another firm?(state name) \_\_\_\_\_
10. What is the actual or probable cause of the breakdown? \_\_\_\_\_
11. What steps have been taken to prevent to similar breakdown? \_\_\_\_\_
12. Has any production been lost? (give details) \_\_\_\_\_
13. By what date will it be possible to resume normal production? \_\_\_\_\_
14. What is the estimated loss of turnover during the period of breakdown? \_\_\_\_\_
15. Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc. to minimize the loss? \_\_\_\_\_

As soon as a loss or breakdown has become known, the Company must be notified without delay on this form agents are not authorized to accept notifications of loss or breakdown.

The undersigned policyholder declares to have answered the above questions conscientiously and truthfully and he is responsible for the correctness of this statement.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the Insured



Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment

ChequeFund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC CodeEmail address

Attachments

In Support of Bank Details(Please tick the type of proof submitted)

Cancelled ChequeBank Passbook Copy

Declaration: I Mr./ Mrs/ Ms. \_\_\_\_\_  
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary

Stamp Required in case of Company

Date: