



general insurance

CONTRACTORS' PLANT AND MACHINERY INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

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Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED/S

Name: _____

Address: _____

Pin code:

Telephone No.: _____

E-mail Address: _____

Financial Interest: _____

Address of Financier: _____

Pin code:

Telephone No.: _____

E-mail Address: _____

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

B. LOSS DETAILS

Time & Date of loss: _____ (Hrs.)

The address of the premises where the machinery is/are installed: _____

Who noticed the loss & when: _____

Please attach a statement of the person.

Circumstances leading to loss and cause: _____

Please attach separate sheet, if necessary.

Weather loss has been intimidated to a) Fire Brigade Yes No b) Police Authorities Yes No
If yes, please attach the copies of the reports

C. DETAILS OF AFFECTED MACHINE/PROPERTY

1. The Insured Machine

Item No. of the inventory/Machine Sl. No./Identification No.: _____

Sum Insured: _____

Description of Machinery: _____

Makers Name & Year of Make _____

Cost of replacement of the affected machine by a new machine of the same type & capacity

What was the last Occasion before the damage when the machine was overhauled or attended to for maintenance or damage:

Has the affected machine undergone any repairs previously? If yes, the nature of such repairs:

Date of expiry of Manufacturers Guarantee:

2. Owner's Surrounding Property

Is there a loss to owner's surrounding property: Yes No

If yes, please submit the details.

3. Third Party Property

Is loss to any third party involved: Yes No

If yes, please indicate and submit the details: TPPI TPPD Both

D. REPAIR & ESTIMATE DETAILS

1. Name & address of the workshop where repairs will be carried out _____

2. Repair estimate _____

E. IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS/DAMAGE

Yes No

If yes, please give the name and address

F. DETAILS OF OTHER INSURANCES

Give details of other Insurance's on affected machines

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

Date: _____

Place: _____

Signature of Insured

Insurance is the subject matter of the solicitation.