

CONTRACTORS PLANT & MACHINERY CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____

Address : _____

City : _____ State : _____ Pin : _____

Phone Number : _____ Mobile Number : _____

Email ID : _____

B. DETAILS OF ACCIDENT:

1	Date & Time of occurrence	
2	Place of Occurrence	
3	Name and contact details of witness	
4	Details of accident and parts affected	
5	Cause of loss	

C. DETAILS OF ITEMS AFFECTED :

1	(a) Full description of the machinery with make & model (b) Item number in the policy (c) It's separate value	
2	At which site of the project and for what purpose the machinery was used at the time of accident.	
3	Replacement cost of machinery affected	
4	Log book and last maintenance details	
5	Previous repair details of affected machinery including nature of repairs	
6	Details of manufacturer's warranty/ guarantee.	

D. DETAILS OF DAMAGE:

1	How did the damage occurred and what is the probable cause	
2	Details or Repairs/Replacements to be carried out	
3	Estimate of loss	
4	Name, address and contact number of the repairer	
5	Salvage value offered by the insured towards the damaged items	

E. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	
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F. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place:

Signature of the Insured

Date:

(Seal is mandatory for companies)