

GENERAL ACCIDENT INSURANCE COMPANY (K) LTD

Machinery Insurance

Policy No.

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

1. Name and address

Address of plant

Name of Chief Engineer
or Plant Manager

Nearest Railway Station/
Airport

2. When did the loss or
damage occur?
When was notice first
given to the Insurer?

Time:

Date:

To Whom?

By whom?

3. Are there any witnesses?

Yes

No

If so, please give names,
professions and addresses

4. Which item was damaged?

Item No in Specification
of Policy Schedule

Sum Insured

Name or manufacturer,
type of machine

Year of manufacture, serial
number
(Please give full details as
on manufacturer's plate)

Description of damaged
item (capacity, rpm weight, etc)

Had the manufacturer's guarantee
period for the damaged item
expired?

Yes

No

If so, when?

If more than one scheduled item is affected, please complete one form per item

5. Which parts were damaged?

6. How did the damage occur and what was its probable cause?
Please attach sketches, photos etc

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

Yes

No

If so, please give details

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

Yes

No

If so, please give details

9. How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period

10. What are the estimated repair costs?

11. Was any third party or surrounding property damaged?

Yes

No

If so, please give details

12. Remarks

Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges

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

Issued at

this

day of

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Signature