



general insurance

MACHINERY BREAKDOWN INSURANCE CLAIM FORM

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

PED

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.

C. DETAILS OF AFFECTED PROPERTY

Item Number of the inventory:

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:

D. REPAIR & ESTIMATE DETAILS

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

2. Repair estimate _____

E. PREVIOUS LOSS HISTORY FOR AFFECTED PROPERTY, IF ANY

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



general insurance

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED,

RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100.

Toll-Free Helpline: 1800-103-2292 **E-mail:** claims@bharti-axagi.co.in **SMS** <CLAIM> to 5667700

Website: www.bharti-axagi.co.in