

**MACHINERY BREAKDOWN CLAIM FORM**

Insurers Agent \_\_\_\_\_ Policy No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Name and address of Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Date of accident	
2. Identification details of the damaged machines	
3. Details of damage sustained	
4. Cause of the accident	
5. What repairs or replacements are necessary and what is the estimated cost thereof?	
6. Have the repairs been put in hand? By whom are they to be carried out?	
7. Where may the damaged parts be examined if the Company should so desire?	
8. Are there any other insurances effected by you or by any other person covering the loss or any part thereof?	
9. Remarks	

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_