

MACHINERY BREAK DOWN CLAIM FORM

CLAIM NO.	:	
POLICY NO.	:	
NAME OF INSURED	:	
DATE OF LOSS/ DAMAGE	:	
NATURE OF LOSS/ NATURE OF RISK INVOLVED	:	
PLACE OF LOSS/ DAMAGE	:	
AMOUNT ESTIMAED OF LOSS	:	
REPAIR ABLE OF REPLACEABLE	:	
ARE YOU INTERESTED IN RETAINING SALVAGE? IF SO, WHAT IS OUR OFFER	:	
BRIEF DESCRIPTION OF LOSS	:	
ORIGIN OF THE DAMAGED ITEM	:	
NAME OF THE SUPPLIER	:	
MATERIAL DAMAGED WHETHER LOCAL FABRICATED/OR IMPORTED.	:	

I/WE HEREBY DECLARE THAT THE PARTICULAR FURNISHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF OUR/MY KNOWLEDGE.

SIGNATURE OF INSURED
DATE
CONTACT NUMBER
OFFICE SEAL