CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered and Head Office: "Dare House", II floor, Old No.234, New No.2, NSC Bose Road, Chennai - 600 001. India



MACHINERY LOSS OF PROFITS INSURANCE CLAIM FORM

(The issuance of this form does not imply admission of liability)

CLAIM NO:	POLICY NO:
Details of Insured:	
Name and address of the Insured (in full)	
2.Nature of Business:	
Situation of premises affected and equipments involved in the damage:	
4. Date and time of damage/loss	
5. Please give the policy no. and coverage details.	
6. What was the cause of breakdown/ explosion?	
7. Indicate the corresponding MB Policy Number. Please identify the affected machine under the policy.	
8. Did the damage result in total stoppage of the business? If not, state to what extent (in percentage) the output was affected.	

Please detail the step taken to minimize the interruption period.	
(a) by utilizing other available plant:(b) by overtime work in the unaffected portion of the work:(C) by installation of hired or loaned machine.	
 How many hours daily did the affected departments work and how many days a week. 	
11. How many working hours do you estimate were lost?	
12. What is the total output of the Department /plant/works affected during the 12 months immediately prior to the loss/breakdown?	
13. Has there been any saving in standing charges? If so, please give details:	
14. Has there been any increase in a cost of working to maintain protection? Have you incurred increase cost of workings If yes, please give details:	
15. What was the loss in output de to the breakdown/explosion/On what basis this figure has been calculated?	
We hereby to the best of my/our knowledge an	d belief, warrant the truth of the above details in every respect. I/W

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date: