



NOTIFICATION OF LOSS OR DAMAGE

Machinery Breakdown & Machinery Loss of Profits Insurance (The issue of this form is not to be taken as admission of liability)

Claim No.

Policy No.

1.	Name	
2.	Address	
3.	Give full description of machine effected including make, type, Sr. No., Year of make and function of the machine	
4.	Situation of Plant or Works address and state nearest Railway Station.	
5.	When did the Breakdown occur? (State date and hour)	
6.	How did the breakdown occur? (This question must be answered in detail and copies of letters addressed to Makers. Suppliers & Repair Firm should be attached)	

7.	Give details of parts affected (a) Parts to be replaced (b) Parts to be repaired . (Sketches to be attached)	
8.	What is the estimated cost of repairs? State any additional which may be incurred?	
9.	Do you wish to carry out repairs yourself? Do you wish to entrust repairs to another firm? (State name)	
10.	What is the actual or probable cause of the breakdown?	
11.	What steps have been taken to prevent to similar breakdown?	
12.	Has any production been lost? (Give details)	
13.	By what date will it be possible to resume normal production?	
14.	What is the estimated loss of turnover during the period of breakdown?	
15.	Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc. to minimize the loss?	



As soon as a loss or breakdown has become known, the Company must be notified without delay on this form agents are not authorized to accept notifications of loss or breakdown.

The undersigned policyholder declares to have answered the above questions conscientiously and truthfully and he is responsible for the correctness of this statement.

Place:

Date:

Signature: