



The issue of this form is not an admission of liability

**NOTIFICATION OF LOSS OR DAMAGE FOR
MACHINERY INSURANCE**

Policy No.....

1. Name and address of Insured _____

Address of plant _____

Name of chief engineer
or plant manager _____

Nearest railway
Station/airport _____

2. When did the loss or
damage occur?

Time: _____

Date: _____

When was notice first given
to the Insurer? _____

To whom? _____

By whom? _____

3. Are there any witnesses? Yes No

If so, please give names,
Professions and addresses. _____

4. Which item was damaged?

Item No in Specification
of Policy Schedule _____

Sum insured _____

Name of manufacturer,
type of machine _____

Year of manufacture,
serial number (Please give _____

Full details as on manufacturer's
Plate) _____

Description of damaged
Item (capacity, rpm weight,
etc) _____

Had the manufacturer's Yes No
guarantee period for the
damaged item expired? If so, when?

If more than one scheduled item is affected, please complete one form per item.

5. Which parts were
damaged? _____

6. How did the damage
occur and what was its
probable cause?
Please attach sketches,
photos, etc. _____

7. Do the fractures show any Yes No
sign of faulty casting, faulty
material or previous repair?
If so, please give details. _____

8. Are any alterations to or Yes No
improvements of design,
construction or material
being affected whilst
repairs are being made?
If so, please give
details. _____

9. How will the damaged
items be repaired, by
whom and where?
Please indicate
estimated repair
period. _____

10. What are the
estimated repair costs?

11. Was any third party or Yes No
surrounding property
damaged? _____

If so, please give details. _____

12. Remarks

Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges – including man-hours worked – and freight charges.

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Issued at thisday of.....

Signature.....