

MACHINERY BREAKDOWN/DAMAGE CLAIM FORM

Name and address of Insured: _____
Location at which damage sustained: _____
Policy No: _____

1	Identification number and description of item damaged _____ _____
2	Date of accident: _____
3	Cause and full description of circumstances of accident _____ _____
4	Repairs and replacement necessary and estimate cost: _____ _____
5	Have the repairs been put in hand or completed? If so, by whom? _____
6	Where can the damaged parts be inspected should the Insured so desire? _____
7	Was the accident caused by a Third Party? If so, give name and address of Third Party concerned _____
8	Has any claim been made upon any Third Party? If so, please supply copies of the relevant correspondence: _____ _____
9	Who witnessed the accident? _____ _____
10	Details of any other insurance under which you are entitled to recover for this damage: _____
11	Remarks: _____ _____

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

Date: _____ Signature: _____