

PLANT ALL RISK CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS CLAIM  
ALL COMMUNICATIONS RECEIVED IN CONNECTION WITH THIS ACCIDENT MUST BE  
FORWARDED TO THE COMPANY UNANSWERED: AND PLEASE DO NOT ADMIT LIABILITY  
FOR THE ACCIDENT ON BEHALF OF THE COMPANY

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1. (a). Name of Insured: \_\_\_\_\_  
(b). Policy No: \_\_\_\_\_  
(c). Address: \_\_\_\_\_  
(d). Telephone No: \_\_\_\_\_  
(e). Occupation of Business: \_\_\_\_\_  
(f). Date of Payment of Last Premium: \_\_\_\_\_

2. Details of Plant lost or damaged:-

- (a). Item No: \_\_\_\_\_ (b). Make: \_\_\_\_\_  
(c). Registration No: \_\_\_\_\_ (d). Year of Manufacture: \_\_\_\_\_  
(e). Date of Purchase: \_\_\_\_\_ (f). Cost of Price: \_\_\_\_\_  
(g). Deduction for age, use and/ or wear and tear: \_\_\_\_\_  
(h). Sum Claimed for: (i). Present Value: \_\_\_\_\_  
or (ii). Repairs: \_\_\_\_\_

3. Please state:-

- (a). Date and hour of loss/damage, if known: \_\_\_\_\_  
(b). if not known, when, where and by whom the property was last seen intact? \_\_\_\_\_  
\_\_\_\_\_  
(c). Where loss/damage occurred? \_\_\_\_\_  
(d). Parts damaged and extent: \_\_\_\_\_  
\_\_\_\_\_  
(e). Where plant may be inspected: \_\_\_\_\_

4. Please give FULL account of circumstances in which loss/damage was sustained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. State here any suspicious information as to the person(s) or parties responsible for the loss/damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In the event of loss by theft:

(a). Have the police been informed? \_\_\_\_\_

(b). if so, when and which police station? \_\_\_\_\_

(c). How were they informed? \_\_\_\_\_

(d). Who was the responsible person in your employee to whom the loss was reported? \_\_\_\_\_  
\_\_\_\_\_

(e). What is the responsible person's position with you? \_\_\_\_\_

(f). When was the loss reported to the responsible person? \_\_\_\_\_

(g). Give particulars of any other enquiries and action taken with the object of recovery of lost property: \_\_\_\_\_  
\_\_\_\_\_

7. Are you the sole owner of the property lost or damaged? \_\_\_\_\_

8. **Details of other Insurance Policies covering the same interest**

Name of the company	Policy Number	Policy Period	Sum Insured

9. If loss/damage involved a third party, state the name and address and details of his insurers: \_\_\_\_\_  
\_\_\_\_\_

NOTE: 1. Receipt for purchase of missing or damaged property should be submitted where possible.  
2. Estimates for repairs should be submitted but the return of this form should not be delayed meanwhile.

I/WE declare that the whole of the statements made by me/us in this claim form are in every respect true. I/WE agree to provide any further information that may be required.

Signature\_\_\_\_\_ Date\_\_\_\_\_