

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

MACHINERY BREAKDOWN CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

1. Details of the insured:

- i. Name of Insured: _____
- ii. Policy No: _____
- iii. Address: _____
- iv. Date of payment of last Premium: _____
- v. Business/Occupation: _____ Phone No: _____

2. Details of other Insurance Policies covering the same interest

Name of the company	Policy Number	Policy Period	Sum Insured

3. Details on Item damage:

- i. Type of Machinery damaged: _____
- ii. Date of Occurrence: _____ Time: _____
- iii. Age of the damaged machinery: _____
- iv. Its output and capacity: _____
- v. Make of the affected machinery: _____
- vi. Serial number of the affected machinery: _____
- vii. Serial number in the policy: _____

4. Details of Loss:

- i. Was the property brand new or second hand? _____
- ii. What is the total replacement value of the machinery affected? _____
- iii. What was the last occasion before the damage when the machine was overhauled or attended to for maintenance? _____
- iv. How did the breakdown occur? _____
- v. What is the actual & probable cause of breakdown? _____

vi. Give details of parts affected:

- Parts to be replaced _____
- Parts to be repaired _____

vii. Give detailed estimate of your claim on:

- Parts to be repaired _____
- Parts to be replaced _____

5. **Details of Loss on Machinery Loss of Profit (To be answered when there is a Machinery Loss of profit policy is in force).**

- Has any production been lost?(Give details) _____
- By what date will it be possible to resume normal production? _____
- What is the estimated loss of turnover during the period of breakdown? _____
- Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc to minimize the loss? _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH THE CLAIM FORM WITHIN 14 DAYS

- Invoice/Bills
- Photographs
- Copy of log book entry
- Estimate of loss

DECLARATION

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 _____