



MACHINERY BREAKDOWN INSURANCE
CLAIM FORM

1. Name & Address of the Insured:
.....
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Risk Covered :
7. Date & Time of Loss :
8. Place of Loss :
9. Nature & Cause of Loss (Please describe the circumstances leading to the Loss)
.....
.....
10. Estimated Loss Amount :
11. Whether Loss Intimated to Police Station/Fire Brigade or Not :
.....
12. Give Details of Insurance with another insurance on the risk involved in fire/accident
.....
13. If Insured is not sole owner, the nature of his / their interest in the property and details of other interests. :



UNITED AJOD
Insurance Limited
United by Trust

I / We hereby declare that the particulars furnished above are true and correct to the best of my / our knowledge.

Place :

Date: Signature & Stamp of Insured

Note :

- 1. The issue of this Claim Form does not imply admission of liability on the part of the Insurers.*
- 2. If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.*
- 3. Any other information, if required by the Company for claim, will be asked separately.*
- 4. This Form is to be signed only an authorized representative of the Insured.*