



UNITED AJOD
Insurance Limited
United by Trust

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**CONTRACTOR PLANT & MACHINERY
INSURANCE CLAIM FORM.**

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Date and Time of Loss :
7. (a) Full description of Machinery :
(b) Item No. of Policy Schedule :
(c) Its Separate Value :
8. Place of Loss :
9. Nature and cause of Loss :__
(Please describe the __
circumstances leading to the __
Loss) __
10. Estimated Loss Amount: :
11. State whether the item damage :
was under any guarantee from
Supplier of Manufacture. If so
state the nature of guarantee and
the guarantee period
12. In which section and for what :
purpose was the machinery being
used at the time of damage
13. Have the repairs been put in :
hand? If so give name and

address of repairs

14. (a) State under of repairs and :
particulars of replacement of
any parts required
(b) Estimate of Cost of repairs :
(c) If repair is not possible :
estimate cost or
replacements
15. Give details of insurance with :
another insurance on the risk
involved in accident

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.*