



CONTRACTORS` PLANT & MACHINERY / EQUIPMENT INSURANCE CLAIM FORM

POLICY NUMBER	:	
CLAIM NUMBER	:	
INSURED NAME & ADDRESS	:	
CONTACT NUMBER	:	
E-MAIL / FAX	:	
DATE & TIME OF ACCIDENT	:	
LOCATION OF ACCIDENT	:	
PRESENT LOCATION OF THE EQUIPMENT FOR INSPECTION & THE CONTACT DETAILS AT THIS LOCATION	:	
DETAILED DESCRIPTION OF THE ACCIDENT	:	
DETAILS OF LOSS / DAMAGE	:	
ESTIMATED REPAIR AMOUNT / CLAIM AMOUNT	:	



THIRD PARTY DAMAGE, IF ANY	:	
DETAILS OF WARRANTY / GUARANTEE IF EXISTS	:	
DETAILS OF ACCIDENT IN THE PAST 3 YEARS	:	
IS THE EQUIPMENT INSURED UNDER ANY OTHER POLICY? IF SO, PROVIDE THE DETAILS		

**Note: Issuing of this claim form shall not be taken as an admission of liability by the Insurers*

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accident shall be forfeited.

Place:

Date:

Signature & Stamp of Insured