

Machinery Breakdown

Policy (Retail)

Claim Form

Claim Form

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance Limited

Do not dispose or destroy damaged parts/machinery without consent of surveyor/Magma General Insurance Limited.

A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No. Office _____ Mobile _____ email _____

Contact name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Machinery details

Location of damaged machinery _____



Description of damaged machinery _____

Make _____ Type _____

Model _____ Serial No. _____

Year of manufacture _____ HP/KW _____ Date of expiry of manufacturer warranty
_____/_____/____ Sum Insured _____ Cost of replacement by a new machine of same
type/capacity _____

Date of last maintenance service/overhaul of machine ____/____/____

Details of previous repairs, if any _____

D. Loss details

Date _____ Time _____ am/pm

Describe what happened (Attach sketch if appropriate)

Probable cause of damage _____

Name & Address of repairer _____

Estimate of cost of repairs, itemized separately for parts and labour _____

E. If Spoilage of frozen food is insured?

Did spoilage of frozen goods occur? Yes No

If yes, what type of goods _____

Where are the goods stored now _____



What was the value of goods (please attach invoices in support)

F. If Business Interruption or Machinery Loss of Profits is insured

What time did the machine stop? ____ am/pm

Has any production been lost? Yes No

Which departments are affected by the stoppage_____

What is your approximate daily turnover_____

When do you anticipate repairs/replacement to the damaged machine to be completed ____/____/____

What is the estimated loss of turnover during the period of breakdown_____

If you are incurring increased cost of working, what is the daily cost of these_____

G. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items_____

H. Details of previous losses,

if any_____

I. Steps taken to prevent future reoccurrence



