

# **Machinery Breakdown Policy (Retail) Claim Form**



**MAGMA**  
General Insurance Limited

## 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 \_\_\_\_\_



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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\_\_\_\_\_





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

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**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\_\_\_\_\_

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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\_\_\_\_\_

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**G. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage or items\_\_\_\_\_

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**H. Details of previous losses,**

if any\_\_\_\_\_

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**I. Steps taken to prevent future reoccurrence**

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#### **DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp