

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)

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



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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