

# Machinery Breakdown Policy (Commercial)

## Claim Form

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## 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.*

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

**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**

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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



Product UIN: IRDAN149CP0009V02201819