

Contractors' Plant & Machinery Claim Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

1 - Policy no.: _____ Name of Insured: _____ _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ _____ Email: _____	
Situation of Plant:		
Name of chief engineer or Plant Manager:		
2 - When did the loss/damage occur?	Date: _____	Time: _____
3 - When was notice first given to IGI	Date: _____	Time: _____
By which mean, Please select one: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Other		
4 - Are there any witnesses? If so, give names, professions & addresses,	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Profession	Address
5 - How did the damage occur and what was its probable cause? (Attach sketches, photos, police report, etc.)		
6 - Do the fractures show any sign of faulty casting, faulty material or previous repair? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details:		

7 - Are any alteration to or improvement of design, construction or material being effected whilst repairs are being made? Yes No
 If so, please give details:

8 - How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:	From:	To:	Or Month:
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9 - What is the total estimated repair costs? : _____
 (Please enclose copy (ies) of repair estimate(s), which should show a breakdown into material costs, labor charges including man-hours worked and freight charges. Details of individual items to be provided in the list of items attached to this form).

Was any third party or surrounding property damaged? Yes No
 If so, Please give the details. :

12 – Any other additional: _____

Contact Person:	Phone no.:
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Position :	Fax no.:
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Insured Declaration

<p><u>Official Stamp:</u></p> <p>Date:</p>	<p>I (We) confirm and certify that the above details are true and correct.</p> <p><u>Signature:</u></p> <p>Date:</p>
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