

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.

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ Email: _____
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Detail of Loss, Damage or Occurrence

Date of loss/Damage/ or Occurrence:	Time:	AM/PM.		
When was Loss/Damage/or Occurrence reported to you:	Time:	AM/PM.		
Place and/or premises where it occurred :				
Please state full particulars how Loss, Damage or Accident occurrence:				
Please describe nature of Damage/Loss property (ies):				
Item no.	Brand & Model	Engine number	Chassis number	Serial number

(Item number is according to the list appeared on the policy)

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

Insured Declaration

Official Stamp: Date: _____	I (We) confirm and certify that the above details are true and correct. Signature: Date: _____
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