



IFFCO TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi 110 017

Contractor's Plant and Machinery Claim Form

Claim No. _____

Date of Issue: _____

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please submit this form, duly filled & signed, within 15 days, from the date of occurrence.

Policy No.		
Date & Time of breakdown		
Machine which broke down was installed at (Complete Address of Location)		
Circumstances of loss (Brief write up on circumstances under which machine broke down and how & when it was detected)		
Your opinion about the Cause of Breakdown		
Schedule Item of Policy		
Description of Machine		
Specification of Machine		
Extent of Damage		
Cost of Repair (attach copy of Quotation)		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

I / We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that we have not withheld any material information which has a bearing upon the claim.

Name:
Date:

Designation:
Place:

Signature: