



# IFFCO TOKIO GENERAL INSURANCE CO. LTD.

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

## Machinery Breakdown Insurance Claim Form

Claim No. \_\_\_\_\_

Date of Issue: \_\_\_\_\_

- Please note that this Claim Form is issued without 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.

|    |                                                                                                                                |                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1  | Name & Address of Insured                                                                                                      |                                                                                |
| 2  | Email ID:<br>Telephone Numbers (O)<br>Telephone Numbers (R)                                                                    | Available bet. _____ hrs to _____ hrs<br>Available bet. _____ hrs to _____ hrs |
| 3  | Policy Number                                                                                                                  |                                                                                |
| 4  | Period of Insurance                                                                                                            |                                                                                |
| 5  | Description of Item affected<br>Make / Model / Year of Mfr.                                                                    |                                                                                |
| 6  | Serial No. of item in schedule                                                                                                 |                                                                                |
| 7  | Identification No. of item                                                                                                     |                                                                                |
| 8  | Date of Loss / accident / incident                                                                                             |                                                                                |
| 9  | Was the item used as prescribed by the manufacturer?                                                                           |                                                                                |
| 10 | Circumstance of Loss (Brief write up on circumstances under which the equipment broke down and how & when it was detected)     |                                                                                |
| 11 | Your opinion about the cause of loss                                                                                           |                                                                                |
| 12 | Location of item at the time of loss                                                                                           |                                                                                |
| 13 | Where can it be examined now?                                                                                                  |                                                                                |
| 14 | Has item been dismantled?                                                                                                      |                                                                                |
| 15 | Is item covered under any A.M.C.?                                                                                              |                                                                                |
| 16 | Is the item under warranty?                                                                                                    |                                                                                |
| 17 | Extent of damage / loss                                                                                                        |                                                                                |
| 18 | Estimated amount for repair / Quote if any.                                                                                    |                                                                                |
| 19 | Increased Cost of working (if applicable); specific details of the increased cost likely to be incurred may please be provided |                                                                                |
| 20 | 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: