MACHINERY BREAKDOWN CLAIM FORM



Issuing office :	Dat	e of Issue :		Clai	m No :	
THE ISSUE	OF THIS FORM IS	NOT TO B	BE TAKEN	N AS AN ADI	MISSION	OF LIABILITY
Please ensure tha	t all questions are answered	l in capital lette	ers using an	ink pen		
Policy Number			Date & of Occ	s time currence		
1. DETAILS OF TH	E INSURED:					
Name of the Insured						
Address for Corres (with Pin Code)	spondence					
Phone No.			STD Code :			
Fax						
Mobile						
2. DETAILS OF OT	HER INSURANCE POLICIES	S COVERING T	HE SAME IN	TEREST:		
NAME OF THE COMPANY		POLICY	Y NO	POLICY PERI	OD	SUM INSURED
3. DETAILS ON IT	EM DAMAGED					
A. Type of Machin	nery damaged					
B. Age of the dam	naged machinery					
c. Its output & ca	pacity					
D. Make & Serial	Number of the affected Mach	inery.				
E. Serial Number	in the policy.					

b. Details of loss:	
a. Was the property brand new or second hand?	
b. What is the total replacement value of the machinery affected?	
c. What was the last occasion before the damage when the machine was overhauled or attended to for maintenance?	
e. What is the actual & probable Cause of breakdown	
f. Give details of parts affected: Parts to be replaced	
Parts to be repaired	
g. Give detailed estimate of your claim on Parts to be repaired	
Parts to be replaced	
7. Details of loss on Machinery Loss of Profits (To be	answered when there is a Machinery Loss of profit policy is in force)
a. Has any production been lost?(Give details)	
b. By what date will it be possible to resume normal production?	
c. What is the estimated loss of turnover During the period of breakdown?	
d. Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees Etc to minimise the loss?	
I declare that to the best of my knowledge and belief that may be required.	hese particulars are full and true. I agree to provide any further information
Place	
Data	
Date (DD/MM/YY)	Signature of the Insured
	the claim form within 14 days. by of log book entry
Estimate of loss Photographs Invoice/Bills	

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611



