



**Dhivehi Insurance Company Pvt. Ltd.**  
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## Claim Form Machinery Breakdown Insurance

**FOR OFFICE USE ONLY**

Claim No.:

### IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

### A. DETAILS OF POLICY

Policy No.:

Name(s) of Insured(s):

Address(es) of Insured(s):

Postcode:

Address of the Insured Property:

Postcode:

### B. LOSS OR DAMAGE OCCURRENCE

When did the loss or damage occur?      Date (dd/mm/yy) :      Time:

Are there any witnesses? (If yes, please give names, professions and addresses)

YES

NO

### C. DAMAGED ITEMS

Which item and specifically which part was damaged? (If more than one scheduled item is affected, please complete one form per item)

Item number in Specification of Policy Schedule:

Claim Amount:

Name of manufacturer, type of machine:

Year of manufacture, serial number (Please give full details as on manufacturer's plate):

Description of damaged item (capacity, r.p.m., weight, etc.):

Had the manufacturer's guarantee period for the damaged item expired? (If yes, when?)  YES  NO

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made? If YES, give details  YES  NO

#### D. CAUSE OF DAMAGE

How did the damage occur and what was its probable cause? (Please attach sketches, photos, etc.)

Do the fractures show any sign of faulty casting, faulty material or previous repair? (If yes, please give details)  YES  NO

Are there any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? (If yes, please give details)  YES  NO

#### E. REPAIRS

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

Please indicate estimated repair period:

What are the estimated repair costs? (Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges)

#### F. REMARKS

#### G. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)