

Bajaj Allianz General Insurance Company Limited

Head Office: GESCO Plaza, Airport Road, Yerawada, Pune 411 006

Notification of Physical Loss or damage

MACHINERY BREAKDOWN INSURANCE

(The issue of this form is not to be taken as an admission of Liability)

Policy No. _____ Claim No. _____

Period Of Insurance. _____

Insured _____

Address _____

| | | |
|---------|---|--|
| 1 (a) | Full Description of Machinery Damaged | |
| (b) | Item Number in the Policy Schedule | |
| (c) | Its separate value. | |
| 2 | Date and time of breakdown | |
| 3 | Name of person /s if any, who witnessed the occurrence. | |
| 4 | Details of damage sustained | |
| 5 | Cause of breakdown | |
| 6 | State whether the item damaged was under any guarantee from Supplier / Repairer. If so, state the nature of Guarantee and the Guarantee period. | |

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| 7 | Did the affected Machine(s) sustain any damage in any previous accident? If so, give particulars of event(s) with details of repairs executed. | |
| 8 | In which section and for what purpose was the machinery being used at the time of breakdown | |
| 9 | Have the repairs been put in hand? If so, give name and address of repairers. | |
| 10 (a). | State nature of repairs and particulars of replacement of any parts required. | |
| (b). | Estimate of the cost of repairs/ replacement. (any major repairs to be executed only with prior consent and approval of the company | |
| 11 | State the salvage value on the damaged Item. | |
| 12 | Where can be the damaged items be inspected | |
| 13 | Are there any other insurance effected by you or any other person covering the loss sustained or any part there of? | |
| 14 | Please give any other particulars relevant to the damage | |

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Date:

Place:

Signature of the Insured