Notification of Loss of Damage for UBL INSURERS Machinery Insurance



Claim No. Policy No.

			End. No.
The issuing of this form is not to	o be taken as an admission	of liability by the Insurer.	
1. Name and address of Insured			
			.47.
Address of plant			
			,
Name of chief engineer or plant manager			
Nearest railway station/airport			
2. When did the loss or damage occur?	Time:	Date:	
When was notice first given to the Insurer?		Date.	
to the insurer;	To whom?		
,	By whom?		
. Are there any witnesses?	yes	no	
If so, please give names, professions and addresses.			
. Which item was damaged? 1			
Item No. in Specification of Policy Schedule			
Sum insured			
Name of manufacturer, type of machine			
		`	
Year of manufacture, serial		At the second se	
number (Please give full details as	<u> </u>		
on manufacturer's plate.)			•
Description of damaged item (capacity, r.p.m., weight, etc.)			
weight, etc.)			,
			•
-			
tt-111.			
Had the manufacturer's guarantee period for the damaged item expired?	yes	no	
vaniaged Hem expired!	II so, when?		t.

1 If more than one scheduled item is affected, please complete one form per item.





5.	Which parts were aamaged?	The second secon			
ĺ			<u>j</u>		
				·	
	How did the damage occur				
	and vital was its probable cause?		*,		
	Please attach sketches,				•
	photos, etc.				
7.	Do the fractures show any sign of faulty casting, faulty	Tyes	no .		***************************************
	material or previous rep. ?			v	
1	If so, piease give details.				
8.	Are any alterations to or improvements of design,	yes	no		
	construction or material being effected whilst				
1	repairs are being made?				
	If so, please give details.				
	•				
	How will the damaged items				
	be repaired, by wallow and where?	***************************************			
	Please indicate estimated				
	repair period.	•			
10	.What are the estimated 2			**************************************	
	repair costs? .Was any third party or				
• •	surrounding property damaged?	yes	по		
1	If so, please give defails.				
	P. d				
12.	. Remarks				-
	.				
					· · · · · · · · · · · · · · · · · · ·
	¥	Principal Company Company			
	The second secon	² Please enclose con	y(les) of repair estimate(s	i), which should show a breakd	own into
					harges.
he	undersigned insured declares	that has answered	f the above questions cons	identiously and truthfully.	r
					•
.	and at				4
>51	red at	this		day of	

Signature