

MACHINERY INSURANCE CLAIM FORM



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER)

INSURED
ADDRESS
PHONE

Notification of Physical Loss or Damage

Claim No.	Policy No.
Period of Insurance	
1. (a) Description of damaged Machinery. (Make, Model, Year, Serial No, Capacity)	
(b) Its item number in the Policy Schedule.	
(c) Its separate Sum Insured	
(d) Its present new replacement value.	
2. Date and time of breakdown/accident	
3. Describe the occurrence.	
4. Cause of breakdown or accident.	
5. Name and address of the witnesses of the occurrence.	
6. Details of damage sustained.	
7. Are the damaged item(s) under any Guarantee from Supplier / Manufacturer / Repairer? If so, give details.	
8. Did the affected Machine(s) sustain any damage earlier? If so, give particulars of previous event(s) with details of repairs executed.	

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Damaan Islamic Insurance Company – Beema (Q.P.S.C)

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

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9. For what purpose and where was the machinery used at the time of the occurrence?	
10. Have the repairs been put in hand? If so, give name and address of repairers.	
11. (a) State nature of repairs and particulars of replacement of any parts required	
(b) Cost Estimate of repairs/replacement. (Any major repairs are to be executed only with prior consent of the Company).	
12. State Salvage value on the damaged items.	
13. Where can the damaged items be inspected?	
14. Are there any other insurances covering the loss or any part thereof? If yes, give details.	
15. Please give any other particulars relevant to the damage.	

The undersigned Insured declares that the foregoing particulars are true and correct.

Place:
Date:
Insured's seal and Signature.

*** (This form is to be signed only by an authorised representative of the Insured.)**

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