

MACHINERY BREAKDOWN CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:

1. INSURED

<i>Crawford Dougall Insurance Brokers</i> are committed to resolving your claim within the shortest possible time and in order to assist in expediting this process kindly ensure that this form is completed in detail.			
Name:	Contact no:		
Email:			
Business address:			
Is the insured a VAT vendor?	Yes	No	VAT no:

2. LOSS / DAMAGE

Date of loss / damage:	Time of loss / damage:
Detailed description of how loss / damage occurred: (please supply repairers/experts report to support the below)	
Place where the loss / damage occurred:	
Make + model of affected machine:	
Serial no. of affected machine:	
Age of machine:	Item no. on policy schedule:
New replacement value (Please supply quote to verify the new replacement value):	
Does the insured have a maintenance contract in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What other measures are in place to maintain the insured machinery?	

