

PLANT ALL RISKS CLAIM FORM continued

3. PLANT

Vin no:	Serial no:	Engine no:
Make + model of machine:		
Operating hours:	Item no. on policy schedule:	
Age of plant / machine:	New replacement value:	Market value:

Please supply evaluation certificate to verify New Replacement or Agreed Values

Does any other party have an interest in the insured property? e.g. Credit Agreement	Yes	No
If yes, please give full name and interest:		
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4. DECLARATION

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise *Crawford Dougall Insurance Brokers* in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Insured's full name:	
Capacity:	Date:
Signature:	



SAFRA Member

LLOYD'S CORRESPONDENT

GODLGDPER RDOUDFU RNU3/GDUDIRUGRDOO WDFURNU
 ULUED1RUK 32R U LOO.DO1 DDORKIULFD
 O D PDLOLPRGRDOOFRD
 LUFRU RD ODDL R DOO KUODG
 1R /LFF1R