



THE NEW INDIA ASSURANCE COMPANY LIMITED
Regd & Head Office : New India Assurance Building,
87, M.G. Road, Fort, Mumbai – 400 001

CLAIM FORM
MACHINERY INSURANCE

Policy No. _____

Claim No. _____

The Issue of this form is not to be taken as an admission of liability.

1	Name	
2	Address	
3	When did the loss or damage occur ? (State date and hour)	
4	Give the name and address of the witness to the occurrence.	
5	What was damaged ? (a) Item of the Inventory	
	(b) Sum Insured	
	(c) Type of machine output of capacity	
	(d) Manufacturers and year of manufacture (Full details on maker's plate to be given)	
	(e) What is the cost of replacement of the Contract works machine by a new machine of the same size and capacity.	
6	(a) Was the property brand new or second hand ?	



	(b) What was the last occasion before the damage when the machine was over-hauled or attended to for maintenance or damage	
7	Is the damaged property totally destroyed ?	
	(a) Item of the Inventory	
	(b) Sum Insured	
	(c) Type of machine output of capacity	
	(d) Manufacturers and year of manufacture (Full details on maker's plate to be given)	
	(e) What is the cost of replacement of the machine by a new machine of the same size and capacity	
8	Is the damaged property totally destroyed ?	
9	What has occurred and which parts of the property are damaged to such an extent the replacement is necessary?	
10	Has the period of guarantee expired? If so, when ?	
11	What is the estimated amount of loss or Damage?	
12	What was the cause of the damage and how did it occur? (This question must be answered in detail and a sketch given wherever possible)	



13	Has the property undergone any repairs previously (a) What was the nature of such repairs ?	
14	Give the name and address of the workshop where repairs will be executed : (Provisional repairs will be indemnified)	

☐ Please use additional pages, if required.

The undersigned policyholder declares to have answered the above questions conscientiously and faithfully and he is liable for the correctness and completeness of his statement.

_____ 20_____

Signature

ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	