



Insurance

GAN Assurances

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CLAIM FORM - MACHINERY INSURANCE

N.B. (i) The issue of this form is not an admission of liability
(ii) The Policy Number to be entered on this form MUST BE that which appears on the LATEST Renewal Invitation or communication received from the company.

Claim No.

Policy No.

Form with sections 1-4 containing fields for insured details, loss occurrence, witnesses, and damaged item information.

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

5	Which parts were damaged?		
6	How did the damage occur and what was its probable cause?		
	Please attach sketches, photos, etc.		
7	Do the fractures show any sign of faulty casting, faulty material or previous repair? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.		
10	What are the estimated repair cost?(2)		
11	Was any third party or surrounding property damaged? If so, please give details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
12	Remarks		

(2) Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges.

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Insured at _____ this _____ day of _____ 20____
Signature