



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 Name and address of Insured, Address of plant, Name of chief engineer or plant manager, Nearest railway station/airport; 2 When did the loss or damage occur?, Time, Date, To whom?, By whom?; 3 Are there any witnesses?, If so, please give names, professions and addresses.; 4 Which item was damaged?(1), Item No in Specification of Policy Schedule, Sum Insured, Name of Manufacturer, type of machine, Year of manufacture, serial No., (Please give full details as on manufacturer's plate.) Description of damaged item (capacity, rpm weight, etc.), Had the manufacturer's guarantee period for the damaged item expired?, If so, when?

(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 <span style="margin-left: 200px;"><input type="checkbox"/> no</span>
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 <span style="margin-left: 200px;"><input type="checkbox"/> no</span>
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 <span style="margin-left: 200px;"><input type="checkbox"/> no</span>
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.