



Insurance

**GAN Assurances IARD**

Member of GROUPAMA Group, incorporated in France  
 26/F., Asia Orient Tower, Town Place, 33 Lockhart Road, Hong Kong  
 Tel: (852) 2530 0288  
 Fax: (852) 2877 4281  
 Web site: www.groupama.com.hk

**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.

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:
	When was notice first given to the Insurer?	To whom?	
		By whom?	
3	Are there any witnesses?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	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?	<input type="checkbox"/> yes	<input type="checkbox"/> no
		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 <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