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Contractors' Plant & Machinery Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Prudential Insurance Co. Ltd.

Claim No. _____

Name of Insured: _____

Contact Person _____

Phone No. _____

Occupation _____

Postal Address _____

Policy No. _____ Excess _____

Period of Insurance _____

Interested Parties: Is the property being claimed for under a Financial Agreement? Yes or No

Name of Financier _____

Particulars of Incident: Date _____ Time _____ am/pm

Details of Machineries damaged:

Maker's Name _____ Model _____

Capacity of the machine _____

Purchase Details New..... Secondhand..... Age.....years

Date of Purchase _____ Purchase Price _____

Name of Supplier _____

Address of Supplier _____

Situation/Location of Insured Machinery _____

Cause of Loss _____

Description of Loss _____

New Replacement Value(Landed Cost) _____ Sum Insured _____

Is the machinery under warranty or maintenance contract? Yes (attach a copy)... No.....
Is there any other insurance on items?

If Yes, Insurer _____ Policy No. _____

In what place and for what purposes was the machinery being used at the time the loss/damage?

When can the damaged item(s) be inspected? Note: Damaged parts must be preserved until the inspection by the company's representative.

Repairs: Have any repairs been carried out? Yes... No.... (Provide written repair quotation)
If Yes, Nature of Repairs Temporary.... Permanent.....

Will the item be replaced (because it cannot be repaired) Yes.... No....
If Yes, has it been replaced already? Yes.... No....

Estimated cost of claim _____ Less Deductible Excess (if any) _____ -
Total _____ (Please see the policy schedule)

If more than one item lost, mention below:

Items	Purchase Date	Value	Amount Claimed

Declaration:

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature & rubber stamp of Insured..... Date.....