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## **Machinery Breakdown 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.....