



MACHINERY BREAKDOWN CLAIM FORM

Insured Name:

Policy Number:

Address where Loss Occurred:

Contact Details of Person (for assessment) including location and telephone number:

Details of Damaged Item:
(Name, Age, Serial Number)

Date of Last Service: Item Number on Policy Schedule:

Cause of Loss:

SAPS Case Number - (Malicious Damage):

Detailed description of how Loss occurred:

Details of Potential Loss of Production / Product:

Date of Loss: Owned / Hired:

Estimated Value of Damage R

I HEREBY DECLARE that all particulars and answers in this proposal and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my Agent for the purpose of this Proposal, and I agree that this declaration and the details given shall be the basis of the contract between me and the Company. I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay the premium thereunder. I undertake to exercise all ordinary and reasonable precautions for the safety of the property.

Signature

Date:

Signed at:

Designation:

Kindly note that all personal information disclosed herein is considered as your personal information. Such information is required solely for the purpose of policy administration will not be disclosed to any third party at any time and will be kept confidential and secure. I authorise Guardrisk to collect, process and store my personal information for the purpose of policy administering