



**CONTRACTORS' PLANT AND MACHINERY INSURANCE CLAIM FORM**

- (1) The Issuance of this Form does not imply admission of liability
- (2) The insured is requested to answer all questions fully and return without delay.  
Dashes are insufficient

- (a) Name of Insured \_\_\_\_\_ (b) Policy No. \_\_\_\_\_
- (c) Address \_\_\_\_\_  
\_\_\_\_\_ (d) Telephone No. \_\_\_\_\_
- (e) Occupation or Business \_\_\_\_\_

2. Details of Plant/Machinery lost or damaged:

- (a) Item No. \_\_\_\_\_ (b) Make \_\_\_\_\_ (c) Registration No. \_\_\_\_\_
- (d) Year of Manufacture \_\_\_\_\_ (e) Date of Purchase \_\_\_\_\_
- (f) Cost Price \_\_\_\_\_ (g) Deduction for age, use and/or wear and tear:-
- (h) Sum claimed for:- (1) Present Value \_\_\_\_\_  
Or (2) Repairs \_\_\_\_\_

3. Please state:-

- (a) Date and hour of loss/damage if known \_\_\_\_\_
- (b) If not known, when, where and by whom  
The property was last seen intact \_\_\_\_\_
- (c) Where loss/damage occurred \_\_\_\_\_
- (d) Parts damaged and extent \_\_\_\_\_
- (e) Where Plant/Machinery may be seen \_\_\_\_\_

4. Please give FULL account of circumstances in which loss/damage was sustained

5. State here any suspicions or information as to the person/s or parties responsible for the loss/damage

Further details and Signature of Insured to be given overleaf

6. In the event of loss by theft:-

- (a) Have the Police been informed? \_\_\_\_\_
- (b) If so, when and at which Police Station? \_\_\_\_\_
- (c) How were the Police informed? \_\_\_\_\_
- (d) Who was the responsible person in your employ  
To whom the loss was reported? \_\_\_\_\_
  
- (e) What is the responsible person's position with you? \_\_\_\_\_
- (f) When was the loss reported to the responsible person? \_\_\_\_\_
- (g) Give particulars of any other enquiries and action taken  
With the object of recovery of lost property \_\_\_\_\_

7. Are you the sole owner of the property lost or damaged?  
If not, please give full details of ownership

8. Give details of any other Insurance covering the property  
against theft, loss or damage.

9. If loss/damage involved a Third Party, state name and addresses  
and details of his insurers.

Receipts for purchase of missing or damaged property should be submitted where possible.  
Estimates for repairs should be submitted but the return of this form should not be delayed meanwhile.  
I/We declare the foregoing particulars to be true in every respect, to the best of my/our knowledge and belief,  
AND THAT I/WE have not withheld any information bearing on this claim.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If Limited Liability Company give Status of signatory)