



PLANT ALL RISK CLAIM FORM

POL. NO...... **CLAIM NO.**.....

(1) Name of the Insuredō õ

(2) Addressō õ .

(3) Telephone Noō õ ..

(4a) Description of plant including makers, number and date of makeō õ õ õ õ õ õ ..
õ .

(4b) Market Value at time of accidentō õ .

(4c) Is plant owned by you or hired in by youō õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .

(5) If hired , please state from whom it was hired and attach details of hire contract, if availableō õ ..

(6) At the time of the accident

(a) Was plant being used by you or on your behalfō õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .

(b) Was it hired out to you, if so state to whom and attach details of your conditions of hireō õ .

(c) Name of driver or person in charge of plant at the time of the accidentō õ õ õ õ õ õ .
õ .

(7) In respect of the accident or loss, give:

(a) Date:ō õ

(b) Time:ō õ

(c) Locationō õ

(8) (a) Describe how loss or damage occurred:
(Show by sketch overleaf if possible)

(b)Give details of extent of loss or damage and repairs or replacement necessary

intend claiming from them reimbursement in respect of the loss or damage).

15 In the case of loss by theft:

(a) State who discovered the loss

(b) Give the date the police were advised and the name of the police station

(c) What other steps have been taken to discover the guilty person and to recover

the property

16 If the damage was caused by third party.

(a) Give names and addresses of the persons involved

(b) Give names and addresses of witnesses

16. State if any other insurances are in force covering the property

I/We declare that the whole of the statements made by me/us in this claim form are in Every respect true and that no person is interested in the property whether as Owner, Mortgagee, Trustee or otherwise, other than myself/ us.

Date Signature

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM





FURTHER OBSERVATIONS AND SKETCHES

