



**ENGINEERING RISK CLAIM FORM**

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

**CLAIM NO.....**

(1) Name of the Insuredõ õ

(2) Addressõ .

(3) Telephone Noõ ..

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

(4b) Market Value at time of accidentõ .

(5) Is plant owned by you or hired in by youõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ

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

(6) At the time of the accident

(a) Was plant being used by you or on your behalfõ 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  
hireõ .

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

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

(a) Date:õ õ

(b) Time:õ õ

(c) Location

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

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

necessary  
.

(9) Estimated cost and time for repairs or replacement

(10) State where damaged plant can be inspected

(11) (a) Has any step been taken to effect repairs?

(b) Name and address of repairers  
.

(12) In case of consequential loss;

(a) What steps have been taken to accelerate repairs?  
.

(b) Are any means of alternative working or other means of minimising the loss  
Available? If so have these been introduced?  
..

(c) If possible give estimate of effect of stoppage on normal turnover  
.

13. In case of loss in transit:

(a) Name and address of Carriers  
.

(b) Indicate whether consigned at the Carriers or owner's risk



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



**FURTHER OBSERVATIONS AND SKETCHES**