

Small Business Insurance - Machinery Breakdown CLAIM FORM

A INSURANCE HISTORY

1. Name of Insured:

2. Address:

3. Business Operations:

4. Policy Number and Due Date:

5. Telephone:

6. Email:

B MACHINERY BREAKDOWN

7. Please provide a description of the machine or property damage, and include a brief description of use for the machine or property:

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Description of Goods	Quantity	Make/ Type/ Serial Number	Age of Equipment	Date of Last Service	Cost (At Time of Purchase)	Date of Purchase	Amount Claimed

9. Time, Date and Location of accident or damage:

10. Provide a description of the cause of damage:

11. Please attach a copy of the technician's report including their summary of the cause of damage and whether the machine or property is to be repaired or replaced of Insured:

12. Was there any unrepaired damage to the machine or property before the loss or damage occurred?

YES NO

(b) **If Yes**, please provide details:

13. Is the machine or property regularly maintained?

YES NO

(a) **If Yes**, by whom and how often?

14. Was the damage caused by Third Party or Parties?

YES NO

(a) **If Yes to the above**, has a claim been made against Third Party or Parties?

YES NO

(b) **If Yes to (c)**, please provide details in the table below:

Name	Address	Contact Number

15. Has any stock spoilage occurred as a result?

YES NO

(a) **If Yes**, please complete the following schedule, providing details of the time, date and the location of accident or damage:

Time	Date	Location of Accident or Damage



(b) Please attach supporting invoices showing cost price as proof of loss:

Item	Date of Invoice or Quantity of Spoilt Stock	Description of Spoilt Stock	Unit Cost Price	Total Cost Price

16. Please complete the following for any items to be repaired as a result of this claim:

Name of Repairer:	
Address of Repairer:	
Have repairs been authorised:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of authorisation:	
Date of commencement of repairs:	
Estimated cost of repairs:	

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured (s) to make this proposal.
- I have read and understood the Important Notices and accompanying this proposal
- I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I confirm that the contents of this proposal are true and complete.
- I understand that until a contract of insurance is entered in to, I am under continuing obligation to immediately inform ProRisk of any change to the information contained in this proposal.
- I acknowledge that if a contact of insurance is entered in to this proposal and any accompanying documents will form the basis of the contract.

Signature _____

Name _____

Position _____

Date _____