



## ENGINEERING RISK CLAIM FORM

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

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

(1) Name of the Insured.....

(2) Address.....

(3) Telephone No.....

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

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(4b) Market Value at time of accident.....

(5) Is plant owned by you or hired in by you.....

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

(6) At the time of the accident

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

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

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

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

(a) Date:.....

(b) Time:.....

(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.....  
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  - 13. In case of loss in transit:
    - (a) Name and address of Carriers.....  
.....
    - (b) Indicate whether consigned at the Carriers or owner's risk.....  
.....
    - (c) Was plant packed or unpacked?.....
    - (d) If damage occurred during loading or unloading, state by whom the operation was  
carried out.....
    - (e) Has any claim been made on the Carriers?.....

(Under most Carriers' conditions there is a time limit for submitting a claim against them. It is therefore essential that you immediately notify the Carriers that you intend claiming from them reimbursement in respect of the loss or damage).

14 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.....

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

15 If the damage was caused by third party.

(a) Give names and addresses of the persons involved.....

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(b) Give names and addresses of witnesses.....

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

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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/ourselves.

Date..... Signature.....

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