



CLAIM FORM

Policy Number..... Claim Number.....

Insured..... Telephone No.....

Address.....

Details of Insured Machine involved in the Occurrence

Item No. and Description, including Type No.

Maker and Date of Make.....

Value.....

Is item owned by the Insured?.....If "no", give details of owner and if hired in, state from where hired and attach details of hire contract, if available.....

Was item hired out by the Insured? If so, state to whom and attach copy of the Conditions of Hire.

Details of Occurrence

Date..... Time..... Place.....

What work was machine doing?

Was machine being used by the Insured?Name of operator of the machine:

Was operator in the employ of the Insured?If so, for how long?

Describe how loss or damage occurred (and show by sketch overleaf, where applicable)

If damage was caused by any person not in the employ of the Insured, give their names and addresses.....

Names and addresses of witnesses.....

Give particulars of loss or damage claimed.....

Give details of injury to person.....



HSB Engineering Insurance Limited

Where can damaged property be inspected?

What steps have been taken to effect repairs?

Name and address of repairers.....

Estimated cost of repair. (Please attach repairer's estimate).....

For Claims in respect of Loss in Transit, please also answer the following:-

Name and address of Carriers and mode of conveyance.....

Indicate whether consigned at the Carrier's or Owner's risk.....

How was property packed?

If damage occurred during loading or unloading, by whom was the operation carried out?

Important It is essential that the Insured immediately notifies the Carriers that he intends claiming from them. Has such notification been given?

For Claims in respect of Loss by Theft, please also answer the following:-

How was loss discovered and by whom?

Give the date the police were advised and the name and address of the police authority concerned.....

What other steps have been taken to discover the guilty person and to recover the property?

Is the Insured aware of any other insurances (whether or not in the Insured's name) covering the loss or damage or liability? If so, give details:-

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(s) has/have an interest in the property lost or damaged other than as stated herein.

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

THE UNDERWRITERS DO NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Further observations and sketches