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NICO INSURANCE ZAMBIA LIMITED

MACHINERY BREAKDOWN CLAIM FORM

NOTIFICATION OF LOSS OR DAMAGE FOR MACHINERY BREAKDOWN INSURANCE

The issue of this Form is not taken as an admission of liability by the insurers.
 All questions must be answered in full – Ticks and Dashes are not Acceptable

Policy No.: Claim No.: Name and Address of Insured: Business / Occupation: Telephone No.: Fax No.: Work Address: Name of Chief Engineer: Nearest Railway Station: (where applicable)	
QUESTIONS	ANSWERS
1. When did the Loss or Damage occur? (state Date and Exact Time)	
2. Give Name and Address of witnesses to the occurrence:	Date:..... Hr.....Am/Pm
3. Which items were damaged? (a) Item number in schedule of Machinery (b) Sum Insured: (c) Description of damaged items: (capacity, number of revolutions, weight, etc.) (d) Name of manufacturer, type of machine: (e) Year of manufacturer, serial number: (full details as on maker's place to be given)	
4. Which parts were Damaged?	

5. How did the Damage occur and what was its probable cause? (please attach sketches, photos, etc.)	
6. Has the guarantee period for the Damaged items expired? If so, when?	
QUESTIONS	ANSWERS
7. Do the fractures show any sign of faulty casting or faulty material or of previous repair?	
8. How will the damaged items be repaired and by whom?	
9. Will any alterations or improvements be made to Design, Construction or Material when repairs are carried out?	
10. What are the Estimated Repair Costs?	

11. Remarks:

The undersigned Insured declares to have answered the above questions Conscientiously and Truthfully.

Date:.....
(Official Stamp)

Signature of Claimant:.....