



CENTURY INSURANCE COMPANY LIMITED

MACHINERY BREAKDOWN CLAIM FORM

1. Name of Insured _____
2. Address _____
3. Plant Location _____
4. Policy No: _____
5. Brief description of item: (including maker's name & number) date of make, how driven and duty _____

6. Brief particulars of sequence of events leading to failure _____

7. Action taken to prevent/minimise damage _____
8. Particulars of failure including the cause _____

9. Detailed description of damage (please attach sketches or photographs are usually helpful) distinguishing between damage and wear & tear, giving reasons and evidence. _____

10. Details of type and extent of repairs considered necessary _____

11. Where can repairs be carried out (giving due consideration to quality and cost)? _____
12. If repair is considered impractical, why? (Is a replacement machine of similar type and size known to be available?) _____

13. Estimated cost ? (Any Salvage value - market available) _____
14. Recommendations for preventing a recurrence _____
15. Are there any consequential loss implications ? _____

Date _____

Signature _____

Registered & Head Office:

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