

## UNITED INDIA INSURANCE CO. LTD.

Registered Office: 24, WHITES ROAD, CHENNAI-600 014.

## NOTIFICATION OF LOSS OR DAMAGE

Machinery Breakdown & Machinery Loss of Profits Insurance.

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY)

Claim No.

Policy No.	Period	
NAME		
ADDRESS	40 44 50 50	
QUESTIONS	ANSWER	
<ol> <li>Give full description of machineling Make, Type, Sr. No. Year function of the machine. Capa Machine etc.</li> </ol>	r of Make and	
<ol> <li>Situation of Plant of works addre nearest Railway Station.</li> </ol>	ess and state	
3. When did the Breakdown occur? (State date and hour)		
How did the breakdown occur?  (This question must be answered copies of letters addressed Suppliers & Repair Firm should be	t to Makers	
5. Give details of parts affected)  (a) Parts to be replaced  (b) Parts to be repaired  (Sketches to be attached)		
What is the Estimated cost of r any additional cost which may be		
7. (a) Do you wish to carry out rep (b) Do you wish to entrust repa Firm ? (State Name)	AND THE RESIDENCE OF THE PARTY	

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	ALC: NO
What is the actual or probable cause of the	Sq - 1027
breakdown?	The Street of These
1 4 2001	
9. What steps have been taken to see	
What steps have been taken to prevent a similar breakdown in the future?	
	0
10. Has any production been lost?	
(Give details)	- W -
	77
11 By what data will it by	- Gr 15
11. By what date will it be possible to resume normal production?	
3A 453-5444930 V.	
12. What is the estimated to	10.00
12. What is the estimated loss of turnover during the period of breakdown?	The second
Ma Description of the second o	
	<u> </u>
13. Have you incurred any increased cost of	
working such as hiring charges of machinery	of the second second
or technical consultation fees etc. to minimise	
the loss?	
As soon as a loss or breakdown has become known, t present form. The Agents are not authorised to accept	he Company must be notified without delay on the
gardia de not demonsed to accept	notification of loss or damage.
The undersigned policy-holder declares to have answe	red the above questions consciously and truthfully
and he is responsible for the correctness and complete	ness of his statement.
* ***	
Pate:	Signature
	Signature
	experience of automated
OTE Question Nos. 10 to 13 to be answered only if the M	achinery Loss of Profits Policy is in force.