

## Office Package Insurance Policy (Retail)

### Section 7: Breakdown of Business Equipments Insurance Claim Form

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.*

*Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDI.*

#### A. The Insured

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

#### B. Policy Details

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

#### C. Machinery details

Location of damaged machinery \_\_\_\_\_

Description of damaged machinery \_\_\_\_\_

Make \_\_\_\_\_

Type \_\_\_\_\_

Model \_\_\_\_\_ Serial No. \_\_\_\_\_

Year of manufacture \_\_\_\_\_ HP/KW \_\_\_\_\_ Date of expiry of manufacturer warranty \_\_\_\_/\_\_\_\_/\_\_\_\_

Sum Insured \_\_\_\_\_

Cost of replacement by a new machine of same type/capacity \_\_\_\_\_

Date of last maintenance service/overhaul of machine \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of previous repairs, if any \_\_\_\_\_

#### D. Loss details

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Describe what happened (Attach sketch if appropriate) \_\_\_\_\_

Probable cause of damage \_\_\_\_\_

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Name & Address of repairer \_\_\_\_\_

Estimate of cost of repairs, itemized separately for parts and labour

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**E. If Spoilage of frozen food is insured?**

Did spoilage of frozen goods occur? Yes  No

If yes, what type of goods \_\_\_\_\_

Where are the goods stored now \_\_\_\_\_

What was the value of goods (please attach invoices in support) \_\_\_\_\_

**F. If Business Interruption or Machinery Loss of Profits is insured**

What time did the machine stop? \_\_\_\_am/pm

Has any production been lost? Yes  No

Which departments are affected by the stoppage \_\_\_\_\_

What is your approximate daily turnover \_\_\_\_\_

When do you anticipate repairs/replacement to the damaged machine to be completed  
\_\_\_\_/\_\_\_\_/\_\_\_\_

What is the estimated loss of turnover during the period of breakdown \_\_\_\_\_

If you are incurring increased cost of working, what is the daily cost of these \_\_\_\_\_

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**G. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage or items \_\_\_\_\_

**H. Details of previous losses, if any** \_\_\_\_\_

**I. Steps taken to prevent future reoccurrence**

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**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Company's stamp