

NOTIFICATION OF LOSS OR DAMAGE FOR LOSS OF PROFIT FOLLOWING MACHINERY BREAKDOWN INSURANCE



Adamjee Insurance Co. Ltd.

Head Office: Adamjee House, 80/A, Block E-1, Main Boulevard, Gulberg-III, Lahore-54000. Tel: 042-35772960-79

Karachi Office: Adamjee House I.I. Chundrigar Road, Karachi-74000, Pakistan. UAN: 021-111-242-111

Claim No. _____ Policy No. _____

The issuing of this form is not to be taken as an admission of liability by the Insurer.

1. Name and address of Insured _____

 Fax No. _____ Telephone No. _____
 Address of plant _____

 Name of Business _____
 Name of chief engineer or plant manager _____

2. Damaged Item _____

 Item No. in the list of machinery _____
 Machinery loss of profits (MLOP) insurance data _____
 Sum insured _____
 Period of indemnity _____ Months _____ Time excess _____
 Factor of relative importance _____

3. When was first notice of loss or damage given to the MLOP insurer? _____
 Date _____ Time _____
 by email by fax by telephone

4. Business interruption _____
 Commencement _____ Date _____ Time _____
 Probable duration _____
 What percentage of the sum insured is affected? _____

5. Minimizing of loss of profits _____
 Is provisional repair possible Yes No
 If so, how long we it take? _____
 Yes No If yes please give details _____

 What action is being taken to minimize the loss? _____

 (e.g. shifting of production use of reserve machinery of power from outside sources renting of machinery working extra shifts) _____

6. Costs of interruption	Estimated loss, exclusive of costs for minimizing same		
	Estimated costs for minimizing the loss		
7. Is it possible to compensate for the loss of production by increased plant utilization after the interruption is over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, to what extent?
	<hr/> <hr/> <hr/>		
8. Spoilage	Was the interruption came a spoilage loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, which goes will be affected and to what extent?		
	<hr/> <hr/> <hr/>		
	What measures to prevent or minimize the loss have been taken?		
	<hr/> <hr/> <hr/>		
9. Power supply failure	Was the loss profits or spoilage loss due to a failure of the public power supply?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please state the duration of the failure
	<hr/>		
10. Working period	Number of days per year on when the plant is in operation		days
	Normal working hours		
	<hr/>		
	Commencement and length of working holidays		
	<hr/>		
	Date of next proposed overhaul		
	<hr/>		
	Number of working hours at the date of the loss		
	<hr/>		
11. Has any other MLOP insurance been concluded with another insurer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please state insurers and policy No(s)
	<hr/> <hr/>		

The undersigned insured declares that he has answered the above questions conscientiously and truthfully

Issued at _____ this _____ day of _____ 20____
Signature _____

NOTIFICATION OF LOSS OR DAMAGE FOR MACHINERY INSURANCE CLAIM FORM



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Claim No. _____ Policy No. _____ End. No. _____

The issuing of this form is not to be taken as an admission of liability by the Insurer.

1. Name and address of Insured _____

Address of plant _____

Name of chief engineer or plant manager _____

2. When did the loss or damage occur? Time: _____ Date: _____
When was notice first given to the Insurer? To whom? _____
By whom? _____

3. Are there any witnesses? Yes No
If so, please give names, professions and addresses. _____

4. Which item was damaged?¹

Item No. in Specification of Policy Schedule _____

Sum insured _____

Name of manufacturer, type of machine _____

Year of manufacture, serial number
(Please give full details as on manufacturer's plate.) _____

Description of damaged item (capacity, r.p.m., weight, etc). _____

Had the manufacturers' guarantee period for the damaged item expired? Yes No
If so, when? _____

¹ If more than one scheduled item is affected, please complete one form per item.

5. Which parts were damaged? _____

6. How did the damage occur and what was its probable cause?

Please attach sketches, photos, etc.

7. Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes No

If so, please give details.

8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? Yes No

If so, please give details

9. How will the damaged items be repaired, by whom and where?

Please indicate estimate repair period

10. What are the estimated ² repair costs?

11. Was any third party or surrounding property damaged? Yes No

If so, please give details

12. Remarks

² Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges.

The undersigned insured declares that he has answered the above questions conscientiously and truthfully

Issued at _____ this _____ day of _____ 20____
Signature