

GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR GEMINIA INSURANCE PLAZA, KILIMANJARO AVENUE
P. O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA.
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NOTIFICATION OF LOSS OR DAMAGE FOR MACHINERY BREAKDOWN INSURANCE

Policy No.

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

1. Claim No.	_____
Name and address of the insured	_____ _____
Name of the chief engineer or the plant manager	_____ _____
Nearest railway station/ airport	_____
2. When did the loss or damage occur?	Date: _____
When was notice first given to the Insurer?	Time: _____
	To whom: _____
	By whom: _____
3. Are there any witnesses? If so, please give names, professions and addresses.	<input type="checkbox"/> yes <input type="checkbox"/> no _____ _____ _____
4. Which item was damaged? item no. in specification of policy schedule	_____ _____
Sum Insured	_____
Name of manufacturer, type of machinery year of manufacture, serial number. (Please give full details as on manufacturer's plate)	_____ _____ _____ _____
Description of damaged item (capacity, r.p.m, weight)	_____ _____
Had the manufacturer's guarantee period for the damaged item expired?	<input type="checkbox"/> yes <input type="checkbox"/> no
	If so, when? _____

5. Which parts were damaged?	<hr/> <hr/>
6. How did the damage occur and What was its probable cause? Please attach sketches, photos etc.	<hr/> <hr/> <hr/> <hr/>
7. Do the fractures show any sign of faulty casting, faulty material or previous repair? If so, give details.	<input type="checkbox"/> yes <input type="checkbox"/> no <hr/>
8. Are any alterations to improvements of design, construction or material being or affected whilst repairs are being made? If so, give details.	<input type="checkbox"/> yes <input type="checkbox"/> no <hr/> <hr/>
9. How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.	<hr/> <hr/> <hr/>
10. What are the estimated repair costs?	<hr/>
11. Is any third party or surrounding property damaged? If so, give details.	<hr/> <hr/>
12. Remarks	<hr/> <hr/>

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 _____