

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.

P.T.O.

Policy No.		Period		
	QUESTIONS		А	NSWER
including N	description of machin Make, Type, Sr. No. Year of the machine. Capado to.	of Make and	1.84- 1.25-d	
	of Plant of works addres allway Station.	s and state	0425 - 10 1000 10 114 1000	THE STATE OF THE S
	the Breakdown occur ? e and hour)	1 1000		
(This ques	ne breakdown occur? stion must be answered foliations addressed & Repair Firm should be	to Makers		
(a) Parts	to be repaired to be repaired to be attached)	Control of the second s		
	ne Estimated cost of re onal cost which may be			
(b) Doy	ou wish to carry out repair ou wish to entrust repair ? (State Name)	Chick Carries and Chick	50 × 600	

What is the actual or probable cause of the breakdown?	The second secon
What steps have been taken to prevent a similar breakdown in the future?	
10. Has any production been lost ? (Give details)	
By what date will it be possible to resume normal production?	
12. What is the estimated loss of turnover during the period of breakdown?	
13. Have you incurred any increased cost of working such as hiring charges of machinery or technical consultation fees etc. to minimise the loss?	
As soon as a loss or breakdown has become known, present form. The Agents are not authorised to accept	the Company must be notified without delay on the totification of loss or damage.
The undersigned policy-holder declares to have answer and he is responsible for the correctness and complete	ered the above questions consciously and truthfully eness of his statement.
Pate:	Signature
NOTE : Question Nos. 10 to 13 to be answered only if the M	fachinery Loss of Profite Policy in in face