



सानिमा जनरल इन्स्योरेन्स लि.
Sanima General Insurance Ltd.

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MACHINERY BREAKDOWN CLAIM FORM

CLAIM NO.	:	
POLICY NO.	:	
NAME OF INSURED	:	
DATE OF LOSS/DAMAGE	:	
NATURE OF LOSS/NATURE OF RISK INVOLVED	:	
PLACE OF LOSS/DAMAGE	:	
AMOUNT ESTIMAED OF LOSS	:	
REPAIR ABLE OF REPLACEABLE	:	
ARE YOU INTERESTED IN RETAINING SALVAGE? IF SO, WHAT IS OUR OFFER	:	
BRIEF DESCRIPTION OF LOSS	:	
ORIGIN OF THE DAMAGED ITEM	:	
NAME OF THE SUPPLIER	:	
MATERIAL DAMAGED WHETHER LOCAL FABRICATED/OR IMPORTED.	:	

I/WE HEREBY DECLARE THAT THE PARTICULAR FURNISHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF OUR /MY KNOWLEDGE.

SIGNATURE OF INSURED

DATE

CONTACT NUMBER

OFFICE SEAL