



**सानिमा जनरल इन्स्योरेन्स लि.**  
**Sanima General Insurance Ltd.**

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**Notification of Loss or Damage For  
 Contractor's Plant and Machinery Insurance**

**Claim No.  
 Policy No.**

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

1. Title of contract insured \_\_\_\_\_  
 Name and address of insured \_\_\_\_\_  
 Location and address of contract site \_\_\_\_\_  
 Name of supervising engineer \_\_\_\_\_
  
2. When did the loss occur? Time \_\_\_\_\_ date \_\_\_\_\_
3. What was damage? Explanation which parts, to what extent?  
 Contract works  
 Construction plant and equipment  
 Construction machinery
4. Has damage occurred to third parties?  Property damage  
 Bodily injury
5. How did the loss occur and what was the probable cause?  
 (Please append Sketches, Photographs and if available, mounts of Rainfall, water levels, rates of flow, Police reports and newspaper cuttings.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are there any witness to the Occurrence of the loss? If so  Yes  No  
 Please give names, profession and addresses.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. How are the damaged items to the Repaired? Estimated time ?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Are an alterations to or improvements Of design, execution or construction Materials being effected whilst repairs  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are being made? \_\_\_\_\_
9. Is overtime and/or night work or Yes  No

Work on public holidays or express \_\_\_\_\_  
Freight involved in order to repair the \_\_\_\_\_  
Damaged items? If, so, to what \_\_\_\_\_  
Extent and Why?

10. What are the estimated repair costs for the damage is?  
a. The contract works?  
b. The construction plant and equipment?  
c. the construction machinery ?

11. What is the estimated indemnity for third party liability claims?  
 Property damage  
 Bodily injury

12. Were any existing buildings or surrounding property damaged?  
If so, by what ?  
 Yes  No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated claim amount \_\_\_\_\_

Comments.  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Signature  
Date :