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## **NOTIFICATION OF LOSS OR DAMAGE FOR PLANT & MACHINERY INSURANCE**

	Claim No.:		
		Policy No. :	
The issuing of this form is not to be	taken as an admission of lia	ability by the Insurers.	
2. Name and Address /E- mail of Insured			
Address of plant			
Name of chief engineer or plant manager			
Nearest railway			
station/airport	-		
2. When did the loss or	Time:	Date:	
Damage occur? When was notice first given	To Whom?		
to the Insurer?	By Whom?		
3. Are there any witnesses?	Yes	No	
If so, please give names, Professions and addresses			
	-		

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

4.	Which item was damaged?	
	Item No. in Specifications of Policy Schedule	
	or rolley 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, rpm	
	weight, etc)	
	-	
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	Had the manufacturer's guarantee period for the	Yes No No
	damaged item expired?	If so, when?
5.	Which parts were damaged?	
	How did the damage occur and what was its	
	probable cause?  Please attach sketches, photos, etc.	
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7.	Do the fractures show any sign of faulty casting, faulty material or previous repair?	Yes	No			
If y	ves, please give details					
8.	Are any alterations to or improvements of design, construction or material being affected whilst repairs are being made?  If so, please give details	Yes	No			
9.	How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.	- - -				
10	. What are the estimated repair costs?					
11	. Was any third party or surrounding property damaged?	-				
	If so, please give details.	- -				
12	. Remarks	- -				
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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.						
Th	The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.					
Da	te:		Signature:			