



Notification of Loss or Damage for Machinery Insurance

Policy No.: Claim No.:

Intermediary:

Name of Insured: I.D. Card/
Co. Reg. No.:

Address:

Tel/Mobile No(s): E-mail:

Address of site:

Date and time when loss
or damage occurred:

When was first notice
given to the Insurers? To
whom? By whom?

Are there any witnesses? Yes No?

If 'Yes' give names,
professions addresses
and telephone numbers:

Which item was
damaged?

Item no. in Specification
of Policy: Sum
Insured: €

Name & Year of
Manufacture

Model & Serial No.:

Description of damaged
item/s: (capacity, rpm,
weight, etc.)

Had the manufacturer's guarantee period for the damaged item expired? Yes No

If so when?

Which parts were damaged?

How did the damage occur and what was the probable cause? Please attach sketches and photos

Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes No

If yes please give details:

How will the damages items be repaired and by whom and where?

Please indicated the estimated repair period:

What are the estimated repair costs?*

Was any third party or surrounding property damages? Yes No

If yes please give details:

Comments:

* Please enclose copy(ies) or repair estimate(s) which should show a breakdown into material costs, labour charges, including man-hours worked and freight charges

Data Protection Notice

The Company (Atlas Insurance PCC Limited) implements strict controls over all electronic and manual personal data. All data will be treated with the utmost confidentiality. Processing of personal data will relate to the underwriting/endorsing of this policy; processing of claims; detecting, preventing and suppressing fraud and the keeping of statistics. The Company may exchange certain information with your broker, sub-agent, appointed experts, other insurers or the Malta Insurance Association for these purposes. You may also request access to and rectification of your personal data by writing to Atlas Insurance PCC Limited.

Note:

Correspondence and claims. All communications and claims received by you concerning the incident are to be forwarded immediately to Atlas without acknowledgement to the sender.

Signature of Insured: _____

Date: _____

Name (in BLOCK Letters): _____