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Registered & Head office: New India Assurance Building 87, M.G Road, Fort, Mumbai – 400001 (India)

## **Machinery Breakdown Claim Form**

Issuance of this form is not to be taken as an admission of liability

### **YOUR DETAILS**

Full name:	
Address:	
Contact details:	Address
Telephone:	(Work)
	(Home)
	(Mobile)
	Email

### **CLAIM DETAILS**

Question	Answers
1 When did the loss or damage occur? (State date and hour)	
2 Give the name and address of any witness to the occurrence.	
3 What was damaged?  (a) Item of machinery	

Question	Answers
<p>(b) Sum insured</p> <p>(c) Type of machine/output of capacity</p> <p>(d) Manufacturer and year of manufacture</p> <p>(e) What is the cost of replacing the machine with a new machine of the same size and capacity?</p>	
<p>4 (a) Was the machine brand new or second hand?</p> <p>(b) What was the last occasion before the damage when the machine was overhauled or attended to for maintenance or damage?</p>	
<p>5 Is the machine totally destroyed?</p>	
<p>6 Are any parts of the machine damaged to such an extent that replacement is necessary?</p>	
<p>7 Has the period of guarantee expired?</p> <p>If so, when?</p>	
<p>8 What is the estimated cost of fixing the loss or damage?</p>	
<p>9 What was the cause of the damage and how did it occur?</p> <p>(This question must be answered in detail and a sketch given wherever possible)</p>	
<p>10 (a) Has the machine undergone any repairs previously?</p> <p>(b) What was the nature of such repairs?</p>	
<p>11 Give the name and address of the place where repairs will be executed:</p>	

## **YOUR PRIVACY**

We collect and receive your personal information in this claim form to consider your claim. You have rights to access it, and correct it under the Privacy Act 1993.

You must provide your relevant personal information to us to comply with the Claims Conditions of this policy. If you fail to do so, we may decline your claim.

We obtain your authority below to transfer your relevant personal information to other members of the insurance industry (including Insurance Claims Register Limited), financially interested parties noted on your policy, and repairers.

## **YOUR DECLARATION**

I declare that:

12 All information given to New India in connection with the claim is true.

13 No information relevant to the claim has been omitted.

14 I authorise:

14.1 New India to disclose this information to:

14.1.1 Other members of the insurance industry (including Insurance Claims Register Limited), and

14.1.2 Financially interested parties noted on the policy, and

14.1.3 Parties repairing or replacing your property.

14.2 The disclosure of my personal information held by any other parties to New India for the purpose of considering and administering the claim.

Signed on behalf of all policyholders

\_\_\_\_\_  
Date / /