



Tugu Insurance Company Limited

44/F., Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong. Tel.: (852)2824-2939 Fax: (852)2824-3070
(Incorporated in Hong Kong)

Notification of Loss or Damage for 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. Name, address and tel. no.
of Insured

Address of plant

Name of chief engineer or
plant manager and tel. no.

2. When did the loss or damage occur?

Time:

Date:

When was notice first given to the Insurer?

To whom?

By whom?

3. Are there any witnesses?

yes no

If so, please give names,
professions and addresses.

4. Which item was damaged? ¹

Item No. in Specification of
Policy 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)

Had the manufacturer's guarantee

yes no

period for the damaged item expired? If so, when?

¹ If more than one scheduled item is affected, please complete one form per item.



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5. Which parts were damaged?	
6. How did the damage occur and what was its probable cause? Please attach sketches, photos, etc.	
7. Do the fractures show any sign of faulty casting, faulty materials or previous repair? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please give details.	
8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please give details.	
9. How will the damage 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? <input type="checkbox"/> yes <input type="checkbox"/> no If so, please give details.	
12. Remarks	
² 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.	
The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.	
Issued at	this _____ day of _____ 20
Authorized Signature and Company Chop	