



No. C551/4 Cola Street Adjacent ATTC, Kokomlemle, P. O. Box 7532, Accra-North
Tel: 233 (0) 302 240632 / 242233 / 247579 / 246568 / 7010808 / Fax: 233 (0) 302 237156
North Ridge Office: 233 (0) 302 912754 / 912755 / 912756 / 912758 Fax: 233 (0) 302 230624
E-mail: sac@starassurance.com Website: www.starassurance.com

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 liability by the Insurers.

1. 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
Damage occur?
When was notice first given
to the Insurer?

Time:

Date:

To Whom?

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

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 period for the
damaged item expired?

Yes

No

If so, when?

5. Which parts were damaged?

6. How did the damage occur
and what was its probable
cause?

Please attach sketches,
photos, etc.

<p>7. Do the fractures show any sign of faulty casting, faulty material or previous repair?</p> <p>If yes, please give details</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>8. Are any alterations to or improvements of design, construction or material being affected whilst repairs are being made?</p> <p>If so, please give details</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>9. How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.</p>		
<p>10. What are the estimated repair costs?</p>		
<p>11. Was any third party or surrounding property damaged? If so, please give details.</p>		
<p>12. Remarks</p>		

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.

Date: _____

Signature: _____