



redefining / standards

AXA Affin General Insurance Berhad (23820-W)

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GST Reg. No.: 000709398528

Notification of Loss or Damage for Machinery Insurance

Policy No.:

Claim No.:

The issuing of this form is not to be taken as an admission of liability by the insurers.

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. DETAILS OF POLICY

Name and address of insured:

Address of plant:

B. LOSS OR DAMAGE OCCURENCE

When did the loss or damage occur? Time: am/pm Date: dd/mm/yy

Are there any witnesses? Yes No
(If yes, please give names, professions and addresses)

C. DAMAGED ITEMS

Which item and specifically which part was damaged?
(If more than one scheduled item is affected, please complete one form per item)

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, r.p.m., weight, etc):

Had the manufacturer's guarantee period for the damaged item expired? Yes No
(If yes, when?) Date: dd/mm/yy

D. CAUSE OF DAMAGE

How did the damage occur and what was its probable cause?
(Please attach sketches, photos, etc.)

Do the fractures show any sign of faulty casting, faulty material or previous repair? Yes No
(If yes, please give details)

Are there any alterations to or improvements of design, construction, execution or material being effected whilst repairs are being made? Yes No
(If yes, please give details)

E. REPAIRS

How will the damaged items be repaired, by whom and where?

Please indicate estimated repair period:

What are the estimated repair costs?
(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)

F. OTHER DAMAGES

Was any third party or surrounding property damaged? Yes No
(If yes, please give details)

G. REMARKS

H. INSURED'S BANK DETAILS

Name (as per bank account):

NRIC/Passport/Birth Cert. No.:

Email:

Bank Account No.:

Name of Bank:

Bank SWIFT Code:

Bank Branch/Address:

I. INSURED'S DECLARATION

I hereby declare that I have answered the above questions conscientiously and truthfully.

Signature:

Date:

dd/mm/yy