



PICIC  
INSURANCE

PICIC Insurance Limited  
HEAD OFFICE

1204, 12th Floor, Emerald Tower,  
Clifton, Block-5, Karachi - 75600, Pakistan.

Tel | 021-35147651-5

Fax | 021-35147656

UAN | 11 12 PICIC

www.picicinsurance.com

**NOTIFICATION OF LOSS OR DAMAGE FOR MACHINERY BREAK DOWN INSURANCE**  
The issue of this form is not to be taken as an admission of liability by the Insurer.

Name of Insured	
Address of the Insured	
Policy No.	
1) When did the damage occur? (Please state day & hour)	
2) Who Witnessed the damage or discovered it?	
3) Which machine was damage?	
a) Its position in the machine Breakdown Schedule	
b) Description of the Machine	
c) Main dimension (power, r.p.m, weight, capacity, etc.	
d) Manufacture and type.	
e) Year of make & factory number (according to factory label)	
4) a) How long are you the owner of the damaged machine	
b) Was the machine new or used when you become its owner ?	
c) Which is the new price of the machine including freight, foundations, custom duties and erection costs ?	
d) Sum insured of the damage machine	
5) How did the damage occur and what was its probable cause?	
6) What is the extent of damage and which parts have to be replaced ?	
7) Do the damaged sections show traces of casting defects, material defects or previous repairs ?	



- 8) What is in your opinion the amount of damage including freight custom duties and erection costs ? \_\_\_\_\_
  
- 9) What was the cause of the damage and how did it happen? ( To be answered in detail, together with the statements of the witnesses and if possible a sketch showing the damaged section) \_\_\_\_\_  
\_\_\_\_\_
  
- 10) a) Was the damaged part repaired previously ? \_\_\_\_\_  
b) If yes, type of previous reported ? \_\_\_\_\_  
c) If yes, when was the damage reported ? \_\_\_\_\_
  
- 11) Did you already ask for cost estimated ?  
If yes, please state the estimated amount. \_\_\_\_\_  
\_\_\_\_\_
  
- 12) To which company do you intend to order the repairs (Address) \_\_\_\_\_
  
- 13) Is there a void manufacturer's guarantee for the damaged machine ? \_\_\_\_\_

The undersigned insured declares to have answered the above questions to the best of his knowledge and is liable for the accuracy and completeness of his declaration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Location) day, month, year,

(SIGNATURE OF THE INSURED)