

Claim notification for Machinery breakdown

To speed up claim settlement, please answer all questions as precisely and comprehensively as possible. The right answers should be cross-marked in the relevant square and supplementary questions should also be answered. Add any available documents.

Insured Name (Company name)		Policy number	
Street and house number (Registered office)		Telephone No.	
ZIP Code/ Town/city/village		E-mail address	
Company registration No. (individual birth number)		Bank account number for claim settlement	
Tax reference number			

Date and hour of loss occurrence	Date At : o'clock.		
Location of loss occurrence	At Street..... House number Floor....		
Who is the owner of the machine?	<input type="checkbox"/> The Insured	<input type="checkbox"/> other subject	
Detailed description of loss occurrence and loss course			
Are you VAT payer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify the tax authority address: VAT ID No.	
Did a similar loss happen to you in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify what and when Claim No.	
Is this risk covered simultaneously by another policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify the name and address of the Insurer Policy No.	
Who is responsible for the damage incurred?	<input type="checkbox"/> no guilt	<input type="checkbox"/> co-insured	Name and address of the person who caused or is responsible for the damage
	<input type="checkbox"/> employee	<input type="checkbox"/> sub-contractor	
	<input type="checkbox"/> unknown offender	<input type="checkbox"/> other individual	

Manufacturer and type of machine			Name of the machine	
Machine specifications	Year of manufacturing	Serial number		Input of electric motor kW
Machine value	New value €	Purchase value €	Book value €	
Date of purchase		Is the machine within the warranty period?	<input type="checkbox"/> No	<input type="checkbox"/> Seller Yes
Did a similar loss happen to you in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify what and when Claim No.		
Is this risk covered simultaneously by another policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify the name and registered office of the insurer Policy No.		
What repairs and when they were made on the machine?				

I hereby declare that I answered truly and completely all the questions.

At Date
Name and signature (stamp) of the Insured