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MACHINERY BREAKDOWN CLAIM FORM

Note:	(1)	The issue of this form does not imply admission of liability
	(2)	The insured is requested to answer all questions fully and return without delay. Dashes are insufficient.
1.	(a)	Name of Insured
	(b)	Policy No
	(b)	Address
	(d)	Telephone No
	(e)	Occupation or Business
	(f)	Date of payment of last premium
2.	Details of Machine lost or damaged:-	
	(a)	Item No
	(c)	Registration No(d) Year of Manufacture
	(e)	Date Of Purchase (f) Cost Price
	(g)	Deduction for age, use and /or wear and tear
	(h)	Sum claimed for: (1) Present Value
		Or (2) Renairs

3.						
	(a)	Date and hour of loss/damage, if known				
	(b)	If not known, when, where and by whom the property v	was last seen intact?			
	(c)	Where loss/damage occurred?				
	(d)	Parts damaged and extent				
4.	Pleas	e give FULL account of circumstances in which loss/damag	e was sustained			
5.	State here any suspicious or information as to the person(s) or parties responsible for the loss/damage					
6.	In the event of loss by theft:					
	(a)	Have the police been informed?				
	(b)	If so, when and which police station?				
	(c)	How were the police informed?				
	(d)	Who was the responsible person in your employee to whom the loss was reported?				
	(e)	What is the responsible person's position with you?				
	(f)	When was the loss reported to the responsible person?	·			
	(g)	Give particulars of any other enquiries and action taken lost property.	with the object of recovery of			

7.	Are you the sole owner of the property lost or damaged? If not, please give full details of ownership			
8.	Give details of any other Insurance covering the property against theft, loss or damage.			
9.	If loss/damage involved a Third party, state name and address and details of his insurers.			
	ots for purchase of missing or damaged property should be submitted where possible. ates for repairs should be submitted but the return of this form should not be delayed meanwhile.			
I/WE	I/WE declare the foregoing particulars to be true in every respect, to the best of my/our knowledge and belief, and that I/we have not withheld any information bearing on this claim.			
Date	(If Limited Company give Status of signatory)			