

**CLAIM FORM
 MACHINERY BREAKDOWN**

1)	Name and address of the Contributor	:	
2)	Policy Number	:	
3)	Location of the Plant	:	
4)	Name of the Engineer/Plant Manager	:	
5)	Date and time of loss	:	
6)	Details of damage and probable cause	:	
7)	Is the loss due to faulty casting or faulty material or previous repair? If so give particulars	:	
8)	Any alteration or improvements of design, construction or materials being effected whilst repairs are being made? If so give details	:	
9)	How the damaged items be repaired and by whom? Please indicate estimated repair period	:	
10)	Estimated Repair Costs with breakdown to material costs, labor charges etc	:	
11)	Was any third party or surrounding property damaged? If so give particulars and estimated amount of loss	:	

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

Date :

Signature of the Contributor

Name and Signature of the Witness

**In case of any requirements or clarification, kindly contact our FGA Department
 Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,
 Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**