



GLICO GENERAL INSURANCE COMPANY
P.O. BOX 4251, ACCRA
TEL. (233-0302) 244554/220220 FAX: 233-0302-258211

PLANT & MACHINERY CLAIM FORM

POLICY NUMBER:.....

1. (a) Name and Address of Insured
-
-
- (b) Address of Plant:.....
-
- (c) Name of Chief Engineer or Plant Manager:.....

2. (a) When did the loss or damage occur? At.....**a.m** / **p.m**, on.....
- (b) When was notice first given to the Insurer:
- (i) To Whom:.....
- (ii) By Whom:.....

3. Are there any witness?....., If so, please give Names, Professions and Addresses below:
- (1)
- (2)
- (3)
- (4)

4. (a) Which Item (s) was / were Damaged?
-
- (b) Item Number in specification of Policy Schedule
-
- (c) Sum Insured
- (d) Name of Manufacturer
- (e) Type of Machine
- (f) Year of Manufacture, serial No.
- (Please give full details as on
 Manufacturer's plate)
- (g) Description of damaged item(s)
- (Capacity, rpm, weight, etc)
-

(h) Had the manufacturer's Guarantee period for the Damaged item expired? Yes No
If so, when?.....

5. Which parts were damaged?

.....
.....
.....

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

.....
.....
.....

7. Do the fractures show any sign of faulty casting, faulty material or previous repair?

.....
If so, please give details:.....
.....

8. Are any alterations or improvements of design, construction or material being effected whilst repairs are being made?.....

If so, please give details:.....

9. (a) How will the damaged items be repaired, by *whom* and *Where*?

.....
.....
.....

(b) Please indicate approximate repair period:.....

10. What is the Total Estimated Repair amount?

.....

11. Was any third party or surrounding property damaged?.....

If so, please give details:.....
.....

12. Remarks:.....
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