



Middlesea Insurance p.l.c.

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NOTIFICATION of LOSS or DAMAGE for MACHINERY INSURANCE

The issuing of this Form is not an admission of liability by the Company. All questions must be fully answered.

- | | |
|-------------------------------|---|
| 1. Name _____ | 8. VAT Status _____ |
| 2. Address _____
_____ | 9. Policy Number _____ |
| 3. I.D. Card No. _____ | 10. Name of chief engineer or plant manager _____ |
| 4. Business/Occupation _____ | 11. Address of Plant _____
_____ |
| 5. Telephone Number _____ | _____ |
| 6. Telefax Number _____ | _____ |
| 7. VAT Registration No. _____ | 12. Age of Plant _____ |

2. When did the loss or damage occur? Time _____ Date _____
When was notice first given to the Insurer? _____
To whom? _____ By whom? _____

3. Are there any witnesses? Yes No
If so please give names, professions and addresses _____

4. Which item was damaged?¹ _____
Item No. in Specification of Policy schedule _____
Sum Insured _____
Name of manufacturer, type of machine _____

Year of manufacture _____ Serial number _____
(Please give full details as on manufacturer's plate) _____

Description of damaged item (capacity, rpm and weight etc) _____

- Had the manufacturer's guarantee period for the damaged item expired? Yes No
If so, when? _____

¹If more than one scheduled item is affected, please complete one form per item.

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? Yes No
If so, please give details _____

8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made? Yes No
If so, please give details _____

9. How will the damaged items be repaired, by whom and where? _____

Please indicate estimated repair period _____
10. What are the estimated repair costs?² _____

11. Was any third party or surrounding property damaged? Yes No
If so, please give details _____

12. Remarks: _____

IMPORTANT NOTE:
Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

SIGNATURE _____

DATE _____

²Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labour charges — including man-hours worked — and freight charges
CL 7/99