



Middlesea Insurance p.l.c.

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NOTIFICATION of LOSS or DAMAGE for BOILER and PRESSURE VESSEL 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 _____
 _____ 10. Name of chief engineer or plant manager
 3. I.D. Card No. _____
 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? Date _____ Time _____
 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 _____
 Is item insured on new replacement value basis? Yes No
 If so, please indicate sum insured stated in policy plus separate limit for SP/TPL, if applicable _____

If not, indicate total sum insured applicable to item _____
 Name of manufacturer, type of boiler or pressure vessel _____

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

Description of damaged item (technical data) — A. BOILERS

- | | | |
|---|--|--|
| Steam output t/h <input type="checkbox"/> | Steam temperature and pressure boiler outlet °C/bar <input type="checkbox"/> | safety valves <input type="checkbox"/> |
| Nos on <input type="checkbox"/> | superheater outlet <input type="checkbox"/> | reheater outlet <input type="checkbox"/> |
| Discharge capacity t/h <input type="checkbox"/> | superheater outlet <input type="checkbox"/> | reheater outlet <input type="checkbox"/> |
| Blow off pressure - open/close bar <input type="checkbox"/> | superheater outlet <input type="checkbox"/> | reheater outlet <input type="checkbox"/> |
| Heating surface <input type="checkbox"/> | kind of fuel <input type="checkbox"/> | |

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

B. PRESSURE VESSELS

Working pressure

Operating medium

Capacity

C. OTHER ITEMS

INSPECTION

Supervising authority or institution _____

Date of last inspection _____ Please attach copy of last survey report or inspection certificate.

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 there signs of external impact? Yes No

9. 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 _____

10. How will the damaged items be repaired, by whom and where? Please indicate estimated repair period.

11. Will the supervising authority or any surveyor control the repairs and/or supervise the tests prior to putting the damaged item back into service again? Yes No
If so, please give name and address of surveyor or authority _____

12. What are the estimated repair costs?² _____

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

In case of bodily injury, please give particulars under 14 below - Remarks

14. 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