

MACHINERY BREAKDOWN INSURANCE

Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form is not to be considered as an admission of liability. Kindly fill in all the blanks and give complete details of information asked. Please return this form, duly filled, sealed & signed, within 14 days, from the date of occurrence.

Policy No.		
Date & Time of Breakdown		
Machine which broke down was installed at (Complete Address of Location)		
Circumstances of loss (Brief write up as to how the breakdown took place and actions taken to stop further deterioration of the Machine)		
Your opinion about the Cause of Breakdown		
Schedule Item of Policy		
Description of Machine		
Specification of Machine		
Extent of Damage		
Cost of Repair/Replacement (attach copy of Quotation)		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

We/ I, the undersigned confirm that above given details are true & correct to the best of my/our knowledge

Place: _____

Signature of Policyholder: _____

Date: _____

Note: Please provide complete answers to all the above questions. Whether, Question is not applicable, please mention 'NA'. All communications should be forwarded to the following address.

The complaint procedure is available in the below mentioned Website.

Claims Department,
Al Koot Insurance & Reinsurance Company;
P.J.S.C, P.O. Box 24563, Doha – Qatar,
Telephone: +974 4040 2999
Website www.alkoot.com.qa