

## A C and E Engineering Underwriting Managers (Pty) Ltd

Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

NEW NATIONAL
ASSURANCE COMPANY
People you can talk to:

**AC&E Policy Number:** 

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2009/015923/07 VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 Fax: 011 615 9360 Website: www.engineeringace.co.za

## **Machinery Breakdown Claim Form**



To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail

Broker Name:		
1. Details of Insured:		_
Insured Name:		
Business address:		
Insured Contact Person:	Cell No.:	
Telephone No.:	Email address:	
2. Details of Machine:		
Item No. on Policy Schedule:		
Make and Model of Machine:		
Serial No.:		
Age of Machine:		
New Replacement Value of Machine:		
Does any other party have an interest in the insured property, e.g., credit agreement?		
If yes, please supply full details of the party:		
Does the Insured have a Maintenance Contract in place?		
What other measures are in place to maintain the insured machinery?		
Is there any other insurance covering this loss / damage?		
If yes, please supply full details of the Insurer concerned:		



3. Details of the Lo	oss/Damage:			
Date and time of loss/dar	mage:			
Detailed description of ho	ow the loss occurred (*Please include repairer/expe	rt's report):		
Place where loss/damage	e occurred:			
Claim estimate (Please s	ubmit breakdown of claim, if available):			
4. Business Interru	uption following Machinery Breakdown	(if stated on	the Policy):	
Please confirm if a claim	for Business Interruption will be submitted: Yes $\Box$	No □		
If yes, please provide an	estimate of the claim:			
5. Deterioration of	Stock Extension (if stated on the Policy):			
Please confirm if a claim for Deterioration of Stock will be submitted: Yes □ No □				
		-		
ii yes, piease provide ari	estimate of the claim:			
6. Declaration:				
loss / damage. I / We ur	regoing information provided is true and correct, and the ndertake to advise AC & E Engineering Underwriting I in the event of the recovery of any part of the proper	Managers in	n writing in the event of any changes to	
POPIA Notice: The info	rmation requested and provided will be solely use	d in order to	o finalise the claim	
Full Name in Print:		Capacity:		
Signature:		Date:		