



প্রাইম ইন্স্যুরেন্স কোম্পানী লিমিটেড Prime Insurance Company Limited

Head Office: Unique Heights (9th Floor), 117, Kazi Nazrul Islam Avenue, Dhaka-1000

CLAIM FORM FOR MBD / CAR / EAR / CPM / EEI INSURANCE

(The issue of this form is not to be taken as an admission of liability by the Insurers.)

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1. (i) Policy/Cover Note No. :
(ii) Name of Insured & Address :
(iii) Address of Site :
(iv) Name of Supervising Engineer :
(v) Nearest railway station :
(vi) Advisable approach route to site
from station or otherwise :

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2. Sum Insured :
Does the sum insured represent
the replacement value? :

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3. What is the depreciation cost
if the sum insured does not
represent the replacement value?

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4. When did the loss/damage occur? :
(state date & exact time)

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5. Give name & address of witnesses :
to the occurrence.

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6. Which items & parts were damaged :
(Give your order number & manufacture's name,
number, type, size, capacity, weight, pressure, etc.)

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7. Whether the machinery was in :
motion or stationary at the time
of loss.

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8. How did the damage occur and :
what was its probable cause?
(Please attach sketches, photos,
STG continue under 15, if space
not sufficient).

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9. Does the breakdown show any sign :
of faulty casting or faulty
material or of previous repair?

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10. State the year of manufacture of each machine /
plant / equipment

11. How will the damaged items :
be repaired and by whom?

12. Is replacement necessary? :

13. Will any alteration or improvement be made to design,
construction or material when :
repairs are carried out?

14. What are the estimated costs for the repair of damage
to machinery? :

15. Is public liability involved? :
(Give details regarding property).

16. REMARKS

I/We declare that we have answered all the above questions truthfully, conscientiously and nothing has been concealed and no fraudulent statement has been made.

Dated at _____ this _____ day of _____

Signature with rubber stamp
of the mortgagor / principal

Signature with rubber stamp
of the mortgagee / contractor.