

## CONTRACTORS MACHINERY CLAIM FORM

The issue of this form must not be taken as an admission of liability by Kuwait Qatar Insurance Company. This form must be completed by the machine operator and signed by both the owner and operator. Omission of relevant information may delay consideration of the claim.

### 1. Claim details

Policy no.

Claim no.

Date of accident (dd/mm/yyyy)

Time of accident

 am/pm

Place of accident (site owner, contract site etc.)

Area, block no.

### 2. The Insured & owner of the damaged machine

Insured's name

Address for reply

Name of contact person for correspondence

Telephone nos.

Office:

Mobile:

Registered owner of damaged machine

Relationship of Insured to owner of the damaged machine

If the machine is under finance, state the names of the interested parties and the outstanding amount due to them

### 3. Machinery details

Model year

Make, model, type of machine & capacity

Registration no. (if any)

Engine/serial no.

Item no. on the policy schedule

Sum insured of the damaged machine

Present new replacement value of the damaged machine

**4. Machine operator / driver details** (Attach copy of civil ID and operator / driving license)

Name	Date of Birth (dd/mm/yyyy)	Telephone no. Home:	Mobile:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

License no.	Class	Permit, provisional or full	Original issue date (dd/mm/yyyy)	Expiry date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the operator's / driver's experience on similar machines

Details of the operator's / driver's previous accident and traffic convictions in Kuwait

Was the operator / driver using the machine with the knowledge and consent of the Insured? Yes  No

Is the operator / driver a paid employee of the Insured? Yes  No

If not employed by the Insured, provide details of the employer

Name	Address
<input type="text"/>	<input type="text"/>

Telephone no.	Facsimile	Relationship to the Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Details of warranties and other insurances**

Name of manufacturer / supplier /previous repairer	Length of warranty period	Expiry date of warranty (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any other insurance (such as Motor Insurance) held by the Insured, the owner or operator of the damaged machine covering the loss or damage being claimed? Yes  No

If yes, state

Name(s) of Insurer(s)	Type of insurance	Policy No(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Witness details

Were there any witnesses to the accident?

Yes

No

If yes, please provide contact details

Witness name

Address

## 7. Accident details

For what purpose was the machine being used at time of the accident?

State clearly how and where the accident happened

Did the police attend the accident scene?

Yes

No

If yes, please attach a copy of the police report

Was the machine being used in accordance with the manufacturer's guidelines and instructions?"

Yes

No

Where all legal requirements and relevant workplace health and safety regulations and procedures complied with?

Yes

No

If no, to either of the above two questions, provide details below.

## 8. Damage details

Briefly describe any damage to the machine PRIOR to the accident



Briefly describe damage sustained to the machine DURING this accident

In your opinion and/or in the opinion of a professional repairer, is the machine repairable? Yes

No

If yes, describe the nature of the repairs, any replacement parts required and attach any repair quotations received

Have any repairs been made or are in progress? **(Note, all major repairs may only be executed with the prior approval of KQIC)**

If the machine is NOT capable of repair, please state salvage value on the damaged machine.

KD

Where can the machine be inspected?

Address

Telephone no.

## 9. Additional information

Please use the space below to provide any additional information you think relevant to this claim.

## 10. Declaration and signature

I/we certify that the information given in this claim from is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that this claim may be refused in whole if the information is untrue, inaccurate, or concealed.

Signature (of an authorized representative of the Insured)

Dated (dd/mm/yyyy)