



# Eloham Risk Solution Plant "All Risks" Claim Form

To be completed by the Insured

## INSURED DETAILS

|                |                      |                          |                      |
|----------------|----------------------|--------------------------|----------------------|
| Name           | <input type="text"/> | Policy No                | <input type="text"/> |
| Address        | <input type="text"/> | Claim No                 | <input type="text"/> |
| Contact Person | <input type="text"/> | Designation/<br>Position | <input type="text"/> |
| E-mail         | <input type="text"/> | Tel. No                  | <input type="text"/> |

## LOSS OR DAMAGE DETAILS

- Date of damage
- Type and make of damaged plant/machinery
- Capacity and Operating Parameters (Tonnage, Pressure, Temperature and Efficiency etc)
- List other accessories attached to the damaged plant/machinery
- What was the condition of plant/machinery before the loss?
- Date of purchase of the damaged plant/machinery
- Was the plant/machinery purchased new or second-hand?
- Is the damaged plant/machinery under guarantee?
- Is the damaged plant/machinery subject of a Hire Purchase Agreement?
- Where can the damaged plant/machinery be inspected?
- What is the cost of the damaged plant/machinery (Brand New) ₦
- How much would you value the plant/machinery under its present condition before the loss? ₦

## CIRCUMSTANCE/CAUSE(S) OF LOSS

Describe in full circumstance of loss/damage. Include date and time.

Describe the possible cause(s) of loss

Suspects  
(Name & Address)

**EXTENT OF DAMAGE REPAIR DETAILS**

1. What part of the plant/machinery is/are damaged. List all the parts affected.

2. Is the damage repairable?

Yes  State the estimated cost of repairs

No  State the amount being claimed   
AND ignore the remaining questions in this panel

3. Were quotations obtained?

No  Yes  If so, was it Verbal  Written (attach at least  copies)

4. Details of repairer (Main repairer as agreed with Adjusters)

Name

Telephone No

Contact

5. Have repairs commenced?

No  Yes  If so, state commenced Date  Name of authorising person

6. Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work  Express charges or airfreight of parts

7. Have any temporary repairs been made?

No  Yes  Describe the repairs   
 Cost: R

8. Is there any additional work, other than the repairs as a result of damage, being completed while the plant is down?

No  Yes  Describe the repairs   
 Cost: R

9. Have you paid the repair account?

Yes  No

**CONTROL SYSTEM(S)**

1. Did you suspect failure of any part or safety control systems which could have alerted your operator? Mention the controls and explain how it failed.

2. When were the safety control systems last inspected/serviced? Attach evidence of last servicing/maintenance and inspection records

**STATUTORY INSPECTION DETAILS**

1. Is the damaged plant/machinery subject to statutory inspection?

Yes  No  If YES, how often?

2. When was the last statutory inspection carried out and by who?

3. Were there recommendations for implementation in the reports?

Yes  No  If YES, how many recommendations?

4. Were all the recommendations implemented?

Yes  No  If NO, how many recommendations were not implemented?

5. List the recommendations not implemented and the reason(s) why they could not be implemented.

| Recommendations | Reasons for not implementing |
|-----------------|------------------------------|
|                 |                              |

6. Attach copy of last statutory inspection report and recommendations for implementation.

**SERVICING/MAINTENANCE DETAILS**

1. Is the damaged plant/machinery regularly serviced/maintained?

Yes  No  If YES, how often do you maintain it?

2. What kind of maintenance is carried out on the damaged plant/machinery?

3. When was the damaged plant/machinery last maintained and what does the maintenance entail?

**OTHER INSURANCE ON THE LOSS/DAMAGE ITEM**

|          |                      |           |                      |
|----------|----------------------|-----------|----------------------|
| Insurers | <input type="text"/> | Policy No | <input type="text"/> |
|          | <input type="text"/> |           | <input type="text"/> |

**DECLARATION**

I/we declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information required on this claim.

Signature of Insured or person with authority to sign for or on behalf of the Insured

Date: