



Eloham Risk Solution

Boiler & Pressures Vessel Insurance 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/ 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.	<input type="text"/>
Describe the possible cause(s) of loss	<input type="text"/>
Suspects (Name & Address)	<input type="text"/>
	<input type="text"/>



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 3 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: ₺

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: ₺

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 explained 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 INSURANCES ON THE LOST/DAMAGED ITEMS

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

DECLARATION

I/we declare that to the best of 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:

