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## Machinery Breakdown Claim Form

### IMPORTANT NOTICE

The acceptance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

### Particulars of Insured

Name of Insured \_\_\_\_\_

Policy No. \_\_\_\_\_ Contact No. \_\_\_\_\_

Address \_\_\_\_\_

### Details of Loss

Date and time of damage / loss \_\_\_\_\_

Date and time at which the damage / loss was discovered \_\_\_\_\_

Describe the damage / loss of machinery \_\_\_\_\_

Describe the circumstance of the damage/loss and probable cause (provide photos, reports, correspondences, etc.)

### Repairs

Describe the scope of the repair / replacement \_\_\_\_\_

Please advise the repair / replacement estimate and provide supporting document (if any) \_\_\_\_\_

### Inspection of Damage

Please advise the location of the damaged machinery (where applicable) \_\_\_\_\_

### Other Insurance

Please provide details of any other policy / policies in force which cover this loss or any part thereof (if any)

Insurance Company	Policy No.	Period of Insurance	Amount Insured

**Declaration**

I / We do hereby declare that the above information provided are, true and accurate to the best of my / our knowledge and belief and I / we have in no circumstance caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I / we accept that Insurer(s) would be at liberty to deny liability in part or in full if the above written statements are in any way untrue or inaccurate.

**Notice for Personal Data Protection Policy**

By signing this form:

- (a) I / We acknowledge and give consent to Great American Insurance Company in collecting using, processing and disclosing to third party service providers and / or intermediaries, within or outside Singapore, my / our personal data for the purpose of processing and servicing my / our policies / claims;
- (b) I / We declare and confirm that I / we have obtained the consent of the person(s) and / or nominee(s) named herein, where applicable, and that he / she / they has / have authorized me / us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- (c) I / We acknowledge the detailed Privacy Policy Statement, governing the above, posted at <http://greatamericaninsurancegroup.com/insurance/Singapore-Branch/Document/SGP-Privacy-Policy-for-Website>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured (Company Stamp)

\_\_\_\_\_  
Name / Password / NRIC No.

\_\_\_\_\_  
Designation