

## INSURANCE CLAIM NOTE MOVABLE PROPERTY ALLRISK / CONTRACTORS' PLANT & MACHINERY

	erewith my / our cla claim at the earliest	im note for the under mentioned with the requidate.	est that you will be enough to make
The Insured	Name	:	
	Address	:	
	Address		
Policy No.		:	
Insurance Period Interest Insured / Sum(s) Insured		:	
Place of accident		:	
	se extent and outc	ome of the accident :	
i dii detalis di cad	se, exterit and outo		
Reported Policy Station		:	
Specification of Lo	oss and Amount	:	
Total Claim :		:	
Attached Docum	ents ( Claim Supp	orting Documents) :	
	n / estimation of Repair or F		
	e Invoice of Damaged / Sto		
Detailed Acciden	nt Report		
Police Report ( S			
	amaged property / circumsta porting Documents	nce of accident	
PLASE REMIT	THE PAYMENT TO	:	
Bank :		Tours faithfully,	
Address In Favour of	:		,
Account No.	:		
, ,	:		
	) : ) :		
			)
		Autho	rized Signature & Coy Stamp