

Machinery Breakdown Claim Form

1. PARTICULARS OF POLICYHOLDER			
Policy No.			
Insured			
Business Address			
Contact Details (Telephone, Fax & Email)			
2. DESCRIPTION OF ACCIDENT			
When did Accident occur? Please indicate which day, date, and hour			
Where (Location of Accident) did Accident occur?			
Details of the Damaged Machine(s). Please indicated Make, Model, Serial No., last maintenance period.			
Details of the Damaged sustained to the Machine(s).			
What cause the Accident? Please provide a copy of damage assessment report, if any.			
3. REPAIRS WORK			
IMPORTANT NOTE: DO NOT DISCARD ANY DAMAGED PARTS BEFORE INSPECTION CARRIED OUT BY INSURER'S APPOINTED REPRESENTATIVE.			
Where and when can the damaged part(s) be examined/inspected if Insurer should so desire?			
What repairs or replacements are necessary and what is the estimated cost thereof? Please provide copy of the repair quotation.			
Have the repairs or replacement been carried out? If so, let us have details and scope of work done.			
4. OTHER INSURANCE			
Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate below:-			
Insurance Company	Policy No	Period of Insurance	Amount Insured

<p>5. DECLARATION</p> <p>I / We declare that the above information described is true and complete of the foregoing particulars in every respect and I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.</p> <p>I / We hereby acknowledge, consent and agree that:-</p> <ul style="list-style-type: none"> MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers; MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes; The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail; If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein. 	
<p>Policyholder/Insured's Representative Name/Designation</p>	<p>Signature of Policyholder/Insured's Representative</p>
<p>Policyholder/Insured's Company Stamp</p>	<p>Date</p>