

**MAYFAIR INSURANCE COMPANY (UGANDA) LIMITED**  
2<sup>nd</sup> FLOOR, PLOT 9, YUSUF LULE ROAD  
P.O.BOX 34447, KAMPALA  
TEL: +256 312 181 950  
Email: [info@mayfair.co.ug](mailto:info@mayfair.co.ug)



**Notification of Physical Loss or damage**

**MACHINERY BREAKDOWN INSURANCE**

(The issue of this form is not to be taken as an admission of Liability)

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

Claim No. \_

Period of Insurance. \_

Insured \_

Address \_

1 (a)	Full Description of Machinery Damaged	
(b)	Item Number in the Policy Schedule	
(c)	Date of Purchase	
(d)	Its separate value.	
2	Date and time of breakdown	
3	Name of person /s if any, who witnessed the occurrence.	
4	Details of damage sustained	
5	Cause of breakdown	
6	State whether the item damaged was under any guarantee from Supplier / Repairer. If so, state the nature of Guarantee and the Guarantee period.	
7	Did the affected Machine(s) sustain any damage in any previous accident ? If so, give particulars of event(s) with details of repairs executed.	

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8	In which section and for what purpose was the machinery being used at the time of breakdown	
9	Have the repairs been put in hand? If so, give name and address of repairers.	
10 ( a ).	State nature of repairs and particulars of replacement of any parts required.	
( b ).	Estimate of the cost of repairs/ replacement. ( any major repairs to be executed only with prior consent and approval of the company	
11	State the salvage value on the damaged Item.	
12	Where can be the damaged items be inspected	
13	Are there any other insurance effected by you or any other person covering the loss sustained or any part there of?	
14	Please give any other particulars relevant to the damage	

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Place:

Date:

\_\_\_\_\_  
Signature

(This form is to be signed only by an authorised representative of the insured.)