**NIGERIAN AGRICULTURAL INSURANCE CORPORATION**

**NAIC HOUSE, PLOT 590, ZONE AO, CENTRAL BUSINESS DISTRICT, ABUJA**

WEBSITE: [www.naic.gov.ng](http://?)

EMAIL: [info@naic.gov.ng](http://?)

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MACHINERY BREAKDWNO CLAIM FORM

**IMPORTANT NOTICE:**

1. The issue of this claim form is not to be taken as an admission of liability by the insurer
2. The insured is requested to answer all questions fully and accurately as possible and return the form without delay. Dashes are insufficient.

PARTICULARS OF INSURED

Name of insured: -------------------------------------------------------------------------------------------------------------------

Policy number: ---------------------------------------------------------------------------------------------------------------------

Address: ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Telephone No: ----------------------------------------------------------------------------------------------------------------------

Email: ---------------------------------------------------------------------------------------------------------------------------------

Occupation/Business: ------------------------------------------------------------------------------------------------------------

DETAILS OF THE LOSS

Date & time of the loss: ----------------------------------------------------------------------------------------------------------

Details of machine loss/damaged: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sum insured/value of the loss/damage: --------------------------------------------------------------------------------------

Date of purchase: ------------------------------------------------------------------------------------------------------------------

Year of manufacture: -------------------------------------------------------------------------------------------------------------

Sum claimed for repair/replacement: -----------------------------------------------------------------------------------------

Parts damaged & extent: --------------------------------------------------------------------------------------------------------

Give full account of the damaged/loss: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

When was the last time the machine was overhaul or attended to for maintenance?

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Has the attended machine undergone any repairs previously? ( ) yes ( ) no

If yes, give the nature of such repairs: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Give date of expiry of manufacturer’s guarantee: ------------------------------------------------------------------------

Give the name and address of the workshop where repairs will be carried out: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Give details of other insurance if any: ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DECLARATION:

I/We,undersigned confirm that the above given details are true and correct to the best of my/our knowledge.

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Signature of insured Date