



প্ৰাৰম্ভিক প্ৰতিষ্ঠানৰ নাম

PIONEER INSURANCE CO. LTD.

HEAD OFFICE: Rangs Babylonia (5th Floor), 246, Bir Uttam Mir Sawkat Sarak
Tejgaon, Dhaka-1208.

Claim No.

**CLAIM FORM FOR CPM/ MBD / DOS / CAR / EAR / BPV / EEI / LI / PPA / PPOPI / AR/
NEON SIGN/CIS & COC INSURANCE**

(This issue of this form is not to be taken as an admission of liability by the Insurers)

1.	(i)	Policy/Cover Note No.	:
	(ii)	Name of Insured & Address	:
	(iii)	Address of Site	:
	(iv)	Name of Supervising Engineer	:
	(v)	Nearest Railway Station	:
	(vi)	Advisable approach route to site from station or otherwise	:

2.	Sum Insured	:
	Does the sum insured represent the replacement value?	:

3.	What is the depreciation cost if the sum insured does not represent the replacement value:	:
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4.	When did the loss/damage occur? (State date & exact time)	:
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5.	Give name & address of witness to the occurrence	:
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6.	Which items & parts were damaged (Give your order number & manufacture's name, number, type, size, capacity, weight, pressure, etc.)	:
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7.	Whether the machinery was in motion or stationary at the time of loss	:
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8.	How did the damage occur & what was its probable cause? (Please attach sketches, photos, STG continue under 15, if space not sufficient)	:
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9.	Does the breakdown show any sign of faulty casting or faulty material or of previous repair?	:
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P.T.O.