

Machine Index



| No. | Type / Use of the machine | Brand | Year of construction | Location / Building according to questionnaire | Stationary extinguishing system | Sum insured | New Value / Current Value | Desired Perils* |
|-----|---------------------------|-------|----------------------|--|---------------------------------|-------------|--|---|
| 1 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 2 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 3 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 4 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 5 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 6 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 7 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 8 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 9 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 10 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 11 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 12 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 13 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 14 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 15 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 16 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 17 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |

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|----|--|--|--|--|--|--|--|---|
| 18 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 19 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 20 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 21 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 22 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 23 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 24 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 25 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 26 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 27 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |
| 28 | | | | | | | <input type="checkbox"/> new value <input type="checkbox"/> current value | <input type="checkbox"/> F / <input type="checkbox"/> WD / <input type="checkbox"/> SH <input type="checkbox"/> BU / <input type="checkbox"/> NA |

Date / Stamp / handwritten signature of the managing director or proprietor: