

CLAIM FORM - ELECTRONIC EQUIPMENT INSURANCE POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

Toll Free No. 1800 266 3202

If any detail or information is not readily available, please do not delay the dispatch of this form. Other particulars may be sent later.

Claim Number _____

Policy Number _____

Period of Insurance : From To

A. DETAILS OF INSURED/CLAIMANT:

Name as per Policy:

Address:

City: State: Pin:

Phone: Mobile:

Email ID:

B. DETAILS OF OCCURRENCE / ACCIDENT:

1) Date & Time of accident	<input type="text" value="DDMMYYYY"/>	<input type="text" value="HH"/> : <input type="text" value="MM"/> AM/PM
2) Brief details of accident and parts affected. (Please provide the sketch/photographs)		
3) Cause of loss/ damage		
4) Was the equipment in use? By whom?		
5) Is FIR lodged with the Police? If yes, please provide details.		

C. DETAILS OF AFFECTED ITEMS:

1) Description of the equipment with make, model and other details	
2) Identification / Serial Number	
3) Location and department using the equipment	
4) Sum Insured towards the affected equipment	
5) Estimate of repairs/ replacement	
6) Present replacement value of the item affected	
7) Salvage value offered by you towards the damaged parts/ equipment	
8) Details of manufacturer's Warranty / Guarantee	
9) Maintenance details of the affected machine	
10) Details of previous repairs, if any with nature of damages	

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D. DETAILS OF OTHER INSURANCE:

Give details of the other insurance which is covering the present loss, if any _____

E. DETAILS OF PREVIOUS LOSSES:

Give details of previous claims, if any _____

DECLARATION

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of the Insured
(Seal is mandatory for companies)