

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

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

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____
Address : _____ _____
City : _____ State : _____ Pin : _____
Phone Number : _____ Mobile Number : _____
Email ID : _____

B. DETAILS OF OCCURENCE / ACCIDENT:

1	Date & Time of accident	
2	Brief details of accident and parts affected. (Please provide the sketch/photographs)	
3	Cause of loss/ damage	
4	Was the equipment was in use? By whom?	
5	Is FIR lodged with Police, if yes please provide the 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	

D. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	
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E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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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 of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place:

Signature of the Insured

Date:

(Seal is mandatory for companies)