

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

DETAILS OF INSURED		
1	Name:	
2	Address:	City:
		State:
		Pin:
	Telephone contact:	
	e-mail	
DETAILS OF ACCIDENT		
1	Date & time of occurrence	
2	Brief details of accident and parts affected (please provide Sketch / Photographs)	
3	Cause of loss / damage	
4	Details of witness (name, address, tel nos)	
5	Is FIR filed with police authorities? if Yes please provide details	
DETAILS OF ITEM AFFECTED		
1	Serial no of item affected	
2	Description of equipment , Make and Model	
3	Estimate(s) of repairs(please attach estimates)	

4	Details of Maintenance schedule (Date, Scope etc.) Whether under AMC ?	
5	Previous repair details of affected machinery , including nature of repairs	
6	Current Cost of replacement of machinery	
7	Details of Manufacturers warranty / Guarantee	
8	Details of loss or damage under other section (s) of the policy	
DETAIL OF OTHER INSURANCES		
Give details of other Insurance, if any, covering the present loss		
DETAILS OF PREVIOUS LOSSES		
Give details of previous Claims, if any		
Do you wish to Reinstate the Policy : Yes/ No :		

Declaration

I/We agree to provide additional information to the company, if required. 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 if 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.

Date:

Place:

Signature of insured with companies seal