

CLAIM FORM FOR ELECTRONIC EQUIPMENT INSURANCE POLICY

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Cover Note / Policy : No
	Period of Insurance :
	Date of Accident :
	Claim Number :

1.	Details of the Insured	
i)	Name	(i)
ii)	Address for correspondance	(ii)
iii)	Contact Number	(iii)
2.	Date and Time of Loss?	
3.	The address where the property (item) covered is situated.	
4.	Full description of the equipment damaged	
4 (a)	Item Number in the policy schedule	
4 (b)	Value of the damaged equipment	
5.	Details of damage sustained	
6.	Cause of Breakdown or Loss	
7.	State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer. If so, state the nature of guarantee and guarantee period	
8.	Did the equipment in question suffer any earlier damage due to accident? If so, give particulars with details of repairs executed?	

9.	In which section and for what purpose was the equipment being used at the time of loss?	
10.	Have the repairers commenced repairs? If so, give the name and address of the repairers	
11.	State nature of repairs and particulars of replacement of parts required	
12.	Estimate of the cost of repairs / replacement (Any major repairs are to be executed only with prior consent and approval of the company)	
13.	State salvage value on the damaged items	
14.	Where can the damaged items be inspected	
15.	Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof?	
16.	Please give any other particulars relevant to the damage	

Declaration by Insured:

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be

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void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

- e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of Insured