

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	
	DETA	LAIL OF OTHER INSURANCES
G:		THE OF OTHER INSURANCES
	details of other Insurance, if any, ing the present loss	
	DETA	AILS OF PREVIOUS LOSSES
Give	details of previous Claims, if any	
Do yo	ou wish to Reinstate the Policy : Yes	s/ No :
		Declaration
mention foregoing comparts or any	oned, do hereby, to the best of sing statement in every respect, any may require in respect of the	formation to the company, if required. I/We the above f my/our knowledge and belief, warrant the truth of the and if I/We have made, or in any further declaration the said accident, shall make any false or fraudulent statement, a policy shall be void and all rights to recover there under in be forfeited.
Date:		
Place:		Signature of insured with companies seal