

SERVICE CONTRACT LIABILITY INSURANCE POLICY

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 such particulars may be sent later

Policy Number			
Claim No			
Period Of Insurance		To	
Name Of Insured/Claimant			
Address			
	City:		
	State:		
	Pin code:		
Contact Details	Phone No.		
	Mobile No.		
	Email Id:		
Product Detail			
Identification/Machine/Serial No./Barcode			
Component Loss/Damage (Pls attach list of the parts / components along with amount)			
Type of Loss/Damage category under which claim is lodged			
	In case, the claim has triggered in any of the optional covers listed below. Please provide the details		
	Selected Optional Covers		
Service Contract period (from date of purchase)	(Months/year)		
Date Of Loss			
Time Of Loss	Am/Pm		
Loss Location			
Address			

	City: State: Pin code:
Claimed Amount	
Date of Purchase of Product	
Contact Details Of Person/S At Loss Location Name Relationship With Insured Contact Details	
Witness Details: Were There Any Witnesses To The Loss/Accident? Yes/No,	If Yes, Name Of Person/S Address City State Pin code Contact Details Email Id
Information To Authority Has The Loss Been Reported To An Authority: Yes/No If No, Reason For Not Reporting If Yes, Provide Details	Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other <input type="checkbox"/> Name Of Authority: Information Report No./Authority Reference No. And Date: Contact Person/S Address City State Pin code Contact No. Email Id
Details Of Other Insurance Is The Loss/Damage Covered Under Any Other Insurance Yes/No	If Yes, Specify Details & Attach A Copy Of The Policy Name Of Insurer Address City State

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: