

Electronic Equipment Insurance Claim Form

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

A. INSURANCE DETAILS:

Policy Number:		Claim Number:	
Period of Insurance:			
Name:			
Address:			
Contact Number:	Landline:-	Mobile:-	
E-mail:			
Name of the Bank:		Saving/Current A/C No:	

B. DETAILS OF THE ACCIDENT/LOSS:

Date & Time of Accident/loss:	Place of Accident/loss:
Nature & cause of accident/loss, how did the damage occur & what was the probable cause (please attach sketches, photos, etc.)	
Where damage to EDP systems is involved, please furnish a loss report drawn up by the maintenance firm or supplier.	

C. DETAILS OF DAMAGED ITEM:

Item	Make & model	Part Number	Sum Insured	Date of Purchase
Has the period of guarantee expired? If so, when?				

What is the estimated amount of loss or damage? (Attach estimate)	
Has the property undergone any repairs previously? If yes, what was the nature of such repairs?	Yes / No
Give the name & address of the workshop where repairs will be executed.	

In the event of Damage to X-ray tubes or valves for X-ray equipment

Age in Months	Previous Usage	Hours of Operation

DETAILS OF OTHER INSURANCE COVERING THE EQUIPMENT:

Company Name	Policy Number	Sum Insured (Rs.)	Period of Insurance

Has a claim been reported to any other insurer in respect of this accident? If 'yes' please give details	Yes/No

I, undersigned confirm that the above given details are true & correct to the best of my knowledge.

Place:

Date:

Signature of Insured