

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM		
Policy No. :		
Claim No. :		
Period Of Insurance : From : _____ To: _____		
Insured :		
Address :		
1	(a)	When did the loss or damage occur ? Time : _____ Date : _____
	(b)	When was notice of loss or damage first given to the insurer? To Whom ? By Whom ?
2	Are there any witnesses ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If So, Please give :	
		Name Address
	i.	
	ii.	
3	In which section and for what purpose the affected item was being used at the time of loss or damage?	
4	Surveyor	
	Name	Address
5	State whether the item damaged was under any guarantee from Supplier/Manufacturer/Repairer. If so, state the nature of Guarantee and the Guarantee period.	
6	i.	Which item was damaged ?
	ii.	Item No. in specification of the policy schedule
	iii.	Sum Insured
	iv.	Name of manufacturer, Type of Machine Year of Manufacture, Sr. No. (Please give full details as on manufacturer's plate)
	iv.	Description of damaged item. (Capacity, R.P.M., etc.)

7	Details of damage sustained : How did the damage occur and what was the probable cause ?		
8	Did the affected Equipment(s) sustain any damage, in any previous accident? If so, give particulars of previous event(s) with details or repairs effected :		
9	Have the repairs been put in hand? If so, give name and address of repairers.		
10	i.	How will the damaged items be repaired?	
	ii.	By whom & where?	
	iii.	Please indicate estimated repair period :	
	iv.	What are the estimated repair costs :	
	(Any major repairs are to be effected only with prior consent and approval of the Company)		
11	State salvage value on the damaged items :		
12	Where can the damaged items be inspected		
13	Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof ? Give details.		
14	In the event of losses caused by burglary, theft, fire; which police station did you notify of the incident?		
15	Please give any other particulars relevant to the damages.		

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Place :

Time :

*This form is to be signed only by an authorised representative of the Insured.

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Signature
Official Seal