bharti AXA

general insurance

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY. PEE

Please fill this form in **Block Letters** and **Tick the Boxes** ☑ where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number: |___|___|___|___|___|___|___|___|___|___|

Claim Number: |___|___|___|___|___|___|___|___|___|___|

Period of Insurance: |D|D|M|M|Y|Y|Y|Y| to |D|D|M|M|Y|Y|Y|Y|

A. DETAILS OF INSURED

Name: _____

Address: _____

_____ Pin code: |___|___|___|___|___|___|___|

Telephone No.: _____

E-mail Address: _____

B. LOSS DETAILS

Time & Date of loss: _____ (Hrs.) |D|D|M|M|Y|Y|Y|Y|

Name of the witness to the occurrence: _____

Designation and Address: _____

_____ Pincode: |___|___|___|___|___|___|___|

Details of the item affected

Item Number of the inventory: _____

Sum Insured _____

Description of Equipment _____

Makers Name & Year of Make _____

Sl. No./Machine No. _____

Cost of replacement of the affected Equipment by _____
a new Equipment of the same type & capacity.

What was the last Occasion before the damage _____
when the equipment was overhauled or
attended to for maintenance or damage.

Has the affected equipment undergone any repairs previously? Yes ☐ No ☐

If yes, the nature of such repairs: _____

Date of expiry of Manufacturers Guarantee _____

Brief details of the Occurrence and the parts affected. _____

_____

What was the cause of the damage?

_____

Give the name & address of the service centre where repairs will be carried out along with Estimates:

_____

If the repairs are being carried out In-house ,   _____
pl. submit Job-Work Estimates along with
Pro-forma Invoices of Spare Parts to be replaced   _____

C. DETAILS OF OTHER INSURANCES

Give details of other Insurance's, if any, covering the affected equipment

_____

D. DETAILS OF PREVIOUS LOSSES

Give details of Previous Claims, if any, on the affected equipment

_____

_____

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Date: _____

Place: _____   _____
                                                                                              Signature of Insured