

**ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM**

(The issuance of this form does not imply admission of liability.)

**CLAIM NO:** \_\_\_\_\_**POLICY NO:** \_\_\_\_\_

1. Name and address of the Insured (in full)	
2. Date and time of accident	
3. Situation of risk where accident occurred Place Block/Unit	
4. Cause of accident	
5. Brief circumstances of accident (with sketch)	
6. Names and addresses of witnesses to accident	
7. Details of items destroyed / damaged Attach a detailed schedule	
8. Estimates of repairs/replacements (item-wise) Attach a detailed schedule	
9. Particulars of competent repairers/suppliers	
10. Sl. No. of property as per Schedule attached to Policy	
11. Name of supplier for machinery, spares etc. damaged and date of supply	
12. Cost of replacement of the item of the same kind, size and capacity	
13. Was the damaged item new or second hand?	

14. Date (before this accident) when the machine was last Overhauled /attended for maintenance	
15. Is there any warranty/guarantee from manufacturer / supplier covering the present loss/damage? If so, details?	
16. Details of accidents during the past 3 years (whether claim preferred or not)	
17. Is the property insured under any other Policy with any other Insurer? If so, details?	
18. Are you getting compensation in respect of the present loss/damage from any other Insurance? If so, details.	
19. Details of consequential loss/liability, if any, on account of this accident	

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

**Signature of Insured**