

Claim Form

ELECTRONIC EQUIPMENT INSURANCE

The issue or acceptance of this form is not to be construed as an admission of liability by Raheja QBE General Insurance Company Ltd.

Insured's Details

1. Name _____
2. Address _____
_____ City _____ Pin _____
3. Phone No. _____ Mobile No. _____ Email id _____
4. Contact Person (Name, Contact No. & Email Id) _____

Policy Details

1. Policy No. _____
2. Policy Period: From _____ / _____ / _____ To _____ / _____ / _____

Details of Accident

1. Date of Accident: _____ / _____ / _____ Time: _____ am/pm
2. Who noticed/ discovered/witnessed/reported the accident? _____
3. Location where loss occurred _____

4. Describe how loss occurred. _____

5. Details of previous repairs if any. _____
6. Description of damaged machinery:
Make: _____ Model: _____
Type: _____ Capacity: _____
7. Was there any software lost or Damaged? Yes No
If yes, what was it? _____
What is the replacement cost? Rs. _____
8. Was there any Data lost? Yes No
If yes, what was it? _____
What is the replacement cost? Rs. _____

9. Details for Increased cost of working claims.

(a) What is approximate daily turnover? Rs. _____

(b) When is repair/replacement of the damaged machine expected to be completed? _____

10. Is there a claim under add on covers? Yes No

11. Total Claim under all sections. Rs. _____

General Information

1. Details of Other Insurances: _____

2. Details of Previous Losses: _____

3. Details of Loss Minimisation Steps Taken: _____

Declaration

I/We declare that I/We have not withheld any material information and that all statements made above are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the policy. I/We understand that the claim may be refused if the information given above is untrue, inaccurate or concealed.

Place

Date

Signature of Claimant