

(Regd. Office: GE Plaza, Airport Road, Yerawada, PUNE)

Issuing Office: Pune Regional Office

## ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

| Claim No.:   |      |
|--|------|
| Policy No. :   |      |
| Name and address of the Assured  |      |
|  |      |
|  |      |
|  |      |
| Description of property damaged  |      |
| Identification No/Serial Number  | <br> |
| Location of the property   |      |
| Item Number in the Policy Schedule   |      |
| Sum Insured  |      |
| When did the loss or damage occur?   |      |
| Narrate circumstances of loss  |      |
| Was the equipment in use? By whom?   |      |
| Date of intimation to Insurer  |      |
| State whether the item damaged was under   |      |
| any guarantee from Supplier/Manufacturer   |      |
| Repairer. If so, the nature of Guarantee and the period.                         |      |
|  |      |
| Did the equipment(s) sustain any damage in any previous accident? If so, details |      |
|  |      |
| Have the repairs been put in hand? If so give name and address of repairs        |      |
| Indicate the estimated repairs charges and the repairs time                      |      |

| State salvage value of the damaged item  |   |  |
|--|---|--|
| Where can the damaged items be inspected   | 1?  |  |
|  |   |  |
| Are there any other insurance, effected<br>by you or any other person(s) covering<br>the loss sustained or any part thereof?<br>If so, give details. |   |  |
| In the event of loss caused by Burglary, Theft, Fire, which police station has been notified?  |   |  |
| Any other particulars relevant to the damages.   |   |  |
| Additional Questions for Damage to Ex  | ternal Data Media                                       |  |
| 1. Please give details of the items da   | maged:  |  |
| 2. Where the items were stored at th   | 2. Where the items were stored at the time of loss:     |  |
| 3. What is the material cost for the damaged data media:   |   |  |
| 4. What is the cost for reproducing t (Please attach detailed working)   | he lost data:   |  |
| Additional Questions for Increased Cost  | of Working:   |  |
| 1. List of equipments hired:   |   |  |
| 2. Amount claimed towards increase   | ed cost of working:                                     |  |
| (Please attach detailed working)   |   |  |
| I/ We declare that the foregoing particulars   | s are true and correct to the best of my/our knowledge. |  |
| Place:<br>Date:  | Signature & Seal  |  |