

Claim Form





SMS			(56070 LT
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GUIDELINES TO FILL THE FORM

- 1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.

All the questions are mandatory. 2. Please leave one box blank between two words while writing the ADDRESS.	FOR OFFICE USE ONLY					
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form. PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.	Intermediary Name: Intermediary Code:					
ISSUANCE OF THIS FORM DOES NOT IMPLY ACCEPTANCE OF THE LIABILITY)						
Please return the form completed within Fourteen days of the loss/damage together with the relevant vouchers,	, documents etc.					
Claim No: Policy No/Cover Note No:						
Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y	Y Customer ID:					
POLICY HOLDER INFORMATION (Please enter details of the Insured)						
Title (Pls. Tick): Ms. Mrs. Mr.						
Name: F R S T	E					
Correspondence Address (Please fill in, if current address is different from as given in the policy	/ document)					
Block/Flat No.: Floor No.: Building Na	me:					
Street Name: Locality:						
Landmark:						
City/Village: Pincode:						
Post Office:	Fax No.:					
Mobile No.: STDJJJJJ						
Email ID 1:						
Email ID 2:						
Do you want us to effect the above change of correspondence address in policy document for a	all future correspondences? Yes No					
BANK DETAILS (Required for Electronic Fund Transfer)						
Name of the Account Holder:						
(as appearing in the Bank Account)						
Bank Name:						
	ocation:					
Account No: Account Ty						
MICR Code: IFSC Code:						
PARTICULARS OF ACCIDENT:						
Date & Time of Occurrence: D D M M Y Y Y Y H H H : M M						
How did the breakdown occur?						

Ex									
	tent of damage with	loss estimate:							
	Parts to be replace	d:							
	Parts to be repaired	d:							
	Others:								
	(Kindly attach separate a	annexure if space provid	ded is insufficient	t)					
, Fu	ıll address of the loss	location:							
)ETAI	LS ON EQUIPMENT I	DAMAGED:							
W	as the property branc	l new or second ha	and?	Brand New	Second Han	d			
ıf	insured not sole own	er, the nature of hi	is/their intere	sts in the proper	ty and details of c	other interests:			
W	hat control measures	where undertaker	n to minimise	e/avoid reoccurre	ence of the reporte	ed incident?			
	hat was the last occa				·				
Sr.	Description of	Make/Model	Mfg. Year	Sum Insured	Mkt Value/RIV	Cost of Repair/	Whether AMC	Period of	Brand Ne
No.	Equipment	& Sr. No.				Reinstatement	Available	AMC Contract	Second Ha
To	tal Claim Amounts	7				(Kindly attach sep	arate annexure if space	provided is insufficient,	
	otal Claim Amount:	₹				(Kindly attach sep	arate annexure if space	provided is insufficient)	
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	ownloaded from www.insureatclick

Give details of other insurances covering same property, if any:	
Details of previous losses, if any:	
DECLARATION	
We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in the warrant was made, or make in any further declaration, the Company may require in respect of the said accident, any false or frauductoncealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all reference for future loss/accident shall be forfeited.	llent statement, or any suppression or
Place:	
Date:	Signature of Insured
PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH THE CLAIM FORM WITHIN 14 DAYS.	

- Photographs
 Estimate of Loss
- 3. Invoice / Bills
- 4. Supplier's service engineer report certifying cause of breakdown

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