

**MACHINERY/ELECTRONIC EQUIPMENT INSURANCE POLICY**

**Claim Form**

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No.

Claim No.

Period of Insurance From           To

**A. DETAILS OF INSURED/CLAIMANT**

1. Name as per Policy

2. Address Plot No/Door No.        Building Name

Road        Area

City        Pincode

State

3. Contact Details Phone No.        Mobile

E-mail Id

4. Brief Description of Business/Office/Industry/Occupation

5. Limits of Indemnity under the Policy (Rs.)

**B. DETAILS OF LOSS/ACCIDENT**

1. Date of Loss         Time of Loss   :   A.M. / P.M.

2. Loss Location Address Plot No/Door No.        Building Name

Road        Area

City        Pincode

State

3. Contact Details of person/s at Loss Location Name

Relationship with Insured

Contact Details Phone No.        Mobile

E-mail Id

4. Describe cause of Loss/Damage \_\_\_\_\_  
\_\_\_\_\_

5. Estimated Loss (Rs.)

Downloaded from www.insureatlick.com - Broker : Loyal Insurance Brokers Ltd.

**WITNESS DETAILS**

1. Were there any witnesses to the loss/accident?

Yes  No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name  
Road Area  
City Pincode  
State

4. Contact Details

Phone No. Mobile  
E-mail Id

**INFORMATION TO AUTHORITY**

1. Has the loss been reported to an Authority?

Yes  No

If 'No', reason for not reporting

If 'Yes', provide details

Fire  Police  Municipality  Other

2. Name of Authority

3. Information Report No./ Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name  
Road Area  
City Pincode  
State

6. Contact Details

Phone No. Mobile  
E-mail Id

**C. DETAILS OF OTHER INSURANCE**

1. Is the loss / damage covered under any other Insurance?

Yes  No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Address

Plot No/Door No. Building Name  
Road Area  
City Pincode  
State

Contact Details

Phone No. Mobile  
E-mail Id

Policy Number

Sum Insured

Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

#### D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property?  Yes  No

If 'No', specify

Nature of Interest

Person/s who has/have interest on property

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Contact Details

Phone No.

Mobile

E-mail Id

#### E. DETAILS OF ITEMS AFFECTED

Sl.	Description of Equipment	Manufacturer	Year of Manufacture	Identification/ Machine/ Serial No.	Sum Insured (Rs.)	Date of Last Maintenance	Date of Expiry of AMC/Warranty	Cost of Repair/ Replacement (Rs.)

1. Has the affected equipment undergone any repairs previously?  Yes  No

If 'Yes', the nature of such repairs

Date of Repair	Nature of Repair	Parts affected	Cost of Repair (Rs.)

#### F. DETAILS OF REPAIR/REPAIRER

1. Is the repair being carried out in house?  Yes  No

If 'Yes', specify and submit Job-Work Estimates along with Pro-forma Invoices of Spare Parts to be replaced

If 'No', specify following details

Name of the Repairer

Name of the Contact Person/s

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Contact Details

Phone No.

Mobile

E-mail Id

### G. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

### H. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

Yes  No

If 'Yes', specify

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### DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Signature of Proposer \_\_\_\_\_

Date:

Name of Insured/Claimant \_\_\_\_\_