

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

Claim No.

Policy No.

1.	Name and Address of the Assured	
2.	Description of property damaged	
3.	Identification No/Serial Number	
4.	Location of the property	
5.	Item number in the Policy Schedule	
6.	Sum Insured	
7.	When did the loss or damage occur	

8.	Narrate circumstances of loss	
9.	Was the equipment in use? By whom?	
10.	Date of intimation to Insurer	
11.	State whether the item damaged was under any guarantee from Supplier/Manufacturer Repairer. If so, the nature of guarantee and the period.	
12.	Did the equipment(s) sustain any damage in any previous accident? If so, details	
13.	Have the repairs been put in hand? If so give name and address of repairs.	
14.	Indicate the estimated repair charges and repair time.	

15.	State salvage value of the damaged item.	
16.	Where can the damaged items be inspected?	
17.	Are there any other insurance effected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details.	
18.	In the event of loss caused by Burglary, Theft, Fire, which police station has been notified?	
19.	Any other particulars relevant to the damages.	

21.	Additional Questions for Increased Cost of Working: 1. List of equipments hired: 2. Amount claimed towards increased cost of working: (Please attach detailed working)	
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I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Place:

Date:

Signature and Seal: