BHARTI AXA GENERAL INSURANCE COMPANY LIMITED, RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260200. Toll-Free Helpline: 1800-103-2292 E-mail: claims@bharti-axagi.co.in www.bharti-axagi.co.in



## **ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM**

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.
Please fill this form in <b>Block Letters</b> and <b>Tick the Boxes</b> where appropriate and do not leave any column unanswered If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.
Policy Number:
Claim Number:
Period of Insurance: DIDIMIMIYIYIYIY to DIDIMIMIYIYIYIY
A. DETAILS OF INSURED
Name:
Address:
Pin code:
Section Broad State Control of the C
E-mail Address:
B. LOSS DETAILS
Time & Date of loss: [Hrs.] [D]D[M[M[Y]Y]Y]Y
Name of the witness to the occurrence:
Designation and Address:
Pincode:
Details of the item affected
Item Number of the inventory:
Sum Insured
Description of Equipment
Makers Name & Year of Make
SI. No./Machine No.
Cost of replacement of the affected Equipment by a new Equipment of the same type & capacity.
What was the last Occasion before the damage
Has the affected equipment undergone any repairs previously?
If yes, the nature of such repairs:
Date of expiry of Manufacturers Guarantee

Brief details of the Occurrence and the parts affected.	
What was the cause of the damage?	
Give the name & address of the service centre where repairs will be carried out along with E	stimates:
If the repairs are being carried out In-house , pl. submit Job-Work Estimates along with Pro-forma Invoices of Spare Parts to be replaced	
C. DETAILS OF OTHER INSURANCES	
Give details of other Insurance's, if any, covering the affected equipment	
D. DETAILS OF PREVIOUS LOSSES	
Give details of Previous Claims, if any, on the affected equipment	
I/We hereby declare that the above questions have been conscientiously and faithfully answer correctness and completeness of the statement.	ered and would be liable for the
Date:	
Place:	Signature of Insured



## **BHARTI AXA GENERAL INSURANCE COMPANY LIMITED**