



THE NEW INDIA ASSURANCE COMPANY LIMITED

**Regd & Head Office : New India Assurance Building,
87, Mahatma Gandhi Road, Bombay – 400 001.**

**Notification of Loss or Damage for
Electronic Equipment Insurance**

Policy No.

Claim No.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

1. Name and Address
of Insured

Location of the object

Leading Insurer

Period

Last Premium Payment

2. When did the loss or
damage occur ?

Time :

Date :

When was notice first given
to the Insurer?

To whom ?

By whom ?

3. Are there any witnesses ? Yes No

If so, please give names,
Professions and addresses.

1. Name and address of surveyor

5. Which item was damaged ?¹

Item No. in Specification
of Policy Schedule

Sum insured

Name of manufacturer,
type of machine

Year of manufacture, serial
number
(Please give full details as
on manufacturer's plate).

Description of damaged
Item (capacity, r.p.m.,
Weight, etc.)

6. Are the damaged items also insured with another company? If so, with which?

Scope of cover

item. If more than one scheduled items affected, please complete one form per

7. How did the damage occur and what was the probable cause ?

Please attach sketches, photos, etc.

Where damage to EDP systems is involved, please furnish a loss report drawn up by the maintenance firm or supplier

8. In the event of damage to tubes or valves for X-ray equipment.

Age in months

Previous usage (No. of shots)

Hours of operation (for depth therapy)

9. In the event of losses caused by burglary, theft, fire, traffic, accidents.

Which police station did you notify of the incident?

File reference used by Public Prosecutor's Office

10. In the event of damage to radio equipment:

Serial No. of damaged equipment

accident

Licence No(s). of the other vehicle(s) involved in the

File reference used by Public Prosecutor's Office

11. In the event of damage to accident traffic signals:

Name and full address of the persons who caused the

Licence No(s). of the car(s) involved in the accident

caused the accident

Third Party Liability Insurer of the person(s) who

12. How will the damaged items be repaired, by whom and where?

Please indicate estimated Repair period.

13. What are the estimated repair costs?²

14. In the event of third parties Who was to blame for the loss? (If possible, please give the full address of witnesses).

having caused the loss:

15. Who is authorized to receive the indemnity? Bank

Account No.

² Please enclose copy(copies) of repair estimate(s), which should show a breakdown into material costs, labour charges - including man-hours worked - and freight charges.

The undersigned insured declares that he has answered the above questions conscientiously and truthfully.

Issued at

this

day of

Signature