THE NEW INDIA ASSURANCE COMPANY LIMITED
Head Office : New India Assurance Bldg.
87, M.G. Road, Fort, Mumbai – 400 001
CIN No: L66000MH1919GOI000526/ IRDAI Regn. No.190

Electronic Equipment Insurance

CLAIM FORM

Policy No. Claim No.

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

1. Name of the Insured	
2. Address of insured property	

3. Please give following details pertaining to all the policies involved in loss incident.

Sl. No	Policy No.	Risk Covered	Location	Sum Insured	Estimated amount of loss

4. Period of Insurance	
5. Date and Time of loss	
6. Nature and Cause of Loss (Please describe the circumstances leading to the loss)	
7. When was notice first given?	
8. Are there any witnesses? ☐ Yes ☐ No If so, please give names, Professions and addresses.	
9. Name and address of surveyor.	

10. Which item was damaged ?	
• 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.)	
11. Are the damaged items also insured with another company? If so, with which?	
Scope of cover	
12. 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	

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13. 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]	
14. 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	
15. In the event of damage to radio equipment	
Serial No. of damaged equipment	
Licence No(s). of the other vehicle(s) involved in the accident	
File reference used by Public Prosecutor's Office	
In the event of damage to	
16. In the event of damage to radio equipment traffic signals:	
Name and full address of the persons who caused the accident Licence No(s). of the car(s) involved in the accident	

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17. How will the damaged items be repaired, by whom and where? Please indicate estimated Repair period.	
18. What are the estimated repair costs?[2]	
19. In the event of third parties having calsued the loss Who was to blame for the loss? (If possible, please give the full address of witnesses).	
20. Who is authorized to receive the indemnity? Bank Account No.	

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

- Please use additional pages, if required.

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ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	

I, hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Place:

Date: **Signature of the Insured**