

Bajaj Allianz General Insurance Company Limited

(Regd. Office: GE Plaza, Airport Road, Yerawada, PUNE)

	ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM		
Claim No. :			
Policy No. :			
Name and address of the Assured			
:			
	roperty damaged		
Identification No			
:			
Location of the property			
:			
Item Number in the Policy Schedule			
:			
Sum Insured :			
When did the loss or damage occur?			
:			
Narrate circumstances of loss			
:			

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Was the equipment in use? By whom? :_____ Date of intimation to Insurer :_____ State whether the item damaged was under any guarantee from Supplier/Manufacturer : Repairer. If so, the nature of Guarantee and the period. :_____ Did the equipment(s) sustain any damage in any previous accident? If so, details : Have the repairs been put in hand? If so give name and address of repairs : Indicate the estimated repairs charges and the repairs time :_____ State salvage value of the damaged item

Where can the damaged items be inspected?

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.

:_____

·_____

In the event of loss caused by Burglary, Theft, Fire, which police station has been notified?

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Any other particulars relevant to the damages.

:___

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Additional Questions for Damage to External Data Media			
1.	Please give details of the items damaged:		
2.	Where the items were stored at the time of loss:		
3.	What is the material cost for the damaged data m	edia:	
4.	What is the cost for reproducing the lost data:		
	(Please attach detailed working)		
Additional Questions for Increased Cost of Working:			
1.	List of equipments hired:		
	Amount claimed towards increased cost of workin lease attach detailed working)	g:	

I/ We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Place: Date:

Signature & Seal