

Bajaj Allianz General Insurance Company Limited

Head Office: GESCO Plaza, Airport Road, Yerawada, Pune 411 006

Claim Form - Mobile Phone Insurance

Claim No		:	
Policy No		:	
1.	Naı	me of the insured in full :	
2.	Business Address :		
3.	Occupation:		
4.	Det	tails of Hand-set:	
	a.	Make & Model –	
	b.	Serial Number –	
	C.	Date of Purchase -	
	d.	Purchased from -	
	e.	Cost -	
	f.	Service Provider & Activation Number -	
5.	a.	Date and time of noting of loss –	
	b.	Place of occurrence -	
	C.	If informed the Service Provider, date and time [in case of theft]	
	d.	Has the Sim-Card been de-activated? When? (Please attach confirmation received) [in case of theft]	
6.	When did you inform the police authorities of the theft and at which station? Give Case Registration Number –		
7.	Brief details of the occurrence of loss and damages sustained -		



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I/We the above named	being insured under the above	e policy do hereby declare and set
forth that at or about	O'clock a.m / μ	o.m on the / / .
A theft was committed	at the above described premi	ses in the manner stated and the
articles enumerated in t	the within list and valued at s	um of Rs were
stolen therefrom and I/N	We further declare that no oth	ner person has any interest in the
said property, as Owne	er, Mortgage, Trustee or othe	erwise, and that is not otherwise
insured against Burglary	, with this or any other office e	xcept as above stated.
Witness:		
Occupation:		
Address:		
		Signature of the Insured
		Date:
Documents required to b	oe submitted -	
1.	Claim form as above.	
2.	Original Bills for purchase of	the Hand-set. [in case of theft]
3.	Copy of the FIR lodged. [in c	case of theft]
4.	Confirmation of Sim-Card De	eactivation. [in case of theft]
5.		