



PORTABLE ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

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Please fill this form in **Block Letters** and **Tick the Boxes** 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: to

A. DETAILS OF INSURED

Name:

Address:

Pin code:

Telephone No.:

E-mail Address:

B. LOSS DETAILS

Time & Date of loss: _____ (Hrs.)

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

Sl. 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 _____
when the equipment was overhauled or
attended to for maintenance or damage. _____

Has the affected equipment undergone any repairs previously? Yes No

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 Estimates:

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

E. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS

If yes name and address of such person _____

F. HAS THE LOSS/DAMAGE TAKEN PLACE WHEN THE GOODS WERE IN THE CUSTODY OF ANY COMMON CARRIER

If yes please give the details.

a) Name & address of the common carrier: _____

b) The receipt no. & date: _____

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I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Date: _____

Place: _____

Signature of Insured



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