Royal Sundaram

ELECTRONIC EQUIPMENT CLAIM FORM

FOR OFFICE USE ONLY

Issuing office :_____

Date of Issue :_____

Claim No :_____

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500

E-mail : customer.services@royalsundaram.in

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

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number		Certificate Number	
Card Number/ Account Number		Name of the Bank/ Corporate Partner	

1.INSURANCE DETAILS

Name of the Insured

Address for Correspondence (with Pin Code)

Telephone Daytime / Mobile No. — STD Code :

Telephone Evening — STD Code :

E-Mail ID

2.DETAILS OF ACCIDENT/LOSS

Date of accident/loss (DD/MM/YY)

Time of accident/loss (AM/PM)

Place of accident/loss

Nature and cause of accident/loss

3. DETAILS OF PROPERTY CLAIMED FOR

Item	Make and Model	Serial Number	Sum Insured	Date of Purchase

Was the property brand new or second hand ?

Has the period of guarantee expired ? If so, when ?

What is the estimated amount of loss or damage ?

Has the property undergone any repairs previously ? Yes ☐ No ☐

What was the nature of such repairs ?

Give the name and address of the workshop
Where repairs will be executed.
(Provisional repairs will not be indemnified)

4. DETAILS OF OTHER INSURANCE COVERING THE PROPERTY

Company Name	Policy Number	Sum Insured (Rs.)	Period of Insurance

Has a claim been reposted to any other insurer in respect of this accident ? Yes ☐ No ☐

If 'yes', please give full details

5. DECLARATION

I hereby declare that the foregoing statements are made by myself and are true in all respects. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made or in any further declaration that the Company may require, shall make any false or fraudulent statement whatsoever, the Policy shall be void and my right to compensation forfeited.

Place

Date

(DD/MM/YY)

Signature or thumb impression of the insured

Please check that all questions have been completed in full and the form signed and dated.

Please Enclose : ☐ Estimate

☐ Bills/Vouchers

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