

Universal Sompo General Insurance Co. Ltd. (A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

MACHINERY/ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

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

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

<u> </u>		Claim No.
A. INSURED		
Name		
Address line I	City	Pin Code
Phone No.	Mobile No	Email
Business/Occupation	Period of Insuran	ce From// To//
Limits of Indemnity under the Policy		
B. DETAILS OF LOSS		
Date of Loss//	Time: AM / PM	
LOSS LOCATION		
Address line I		
Address line 2		
City		Pin Code
Phone No.	Mobile No	Email
Estimated Loss (Rs.)		
WITNESS DETAILS	INI	FORMATION TO AUTHORITY
		rity been informed about Yes 1
		rity been informed about Yes \[\] \tag{1}
Is any witness available for accident / loss?	Yes No Have any author Accident / Loss?	rity been informed about Yes \[\] \tag{1}
Is any witness available for accident / loss? If "Yes", specify	Yes No Have any author Accident / Loss? Name of the A	rity been informed about Yes 1 f "Yes", specify Suthority
Is any witness available for accident / loss? If "Yes", specify Name of the witness	Yes No Have any author Accident / Loss? Name of the A Contact Person	rity been informed about Yes 1 f "Yes", specify Suthority
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I	Yes No Have any author Accident / Loss? Name of the A Contact Person	rity been informed about Yes 1 If "Yes", specify Authority
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer	rity been informed about Yes 1 If "Yes", specify Authority Pence no.
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line 1 Address line 2	rity been informed about Yes 1 If "Yes", specify Authority Pence no.
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority reference Address line I Address line 2 City	rity been informed about Yes 1 If "Yes", specify Authority
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refered Address line I Address line 2 City Pin Code Proceedings and Address Procedure P	rity been informed about Yes \tag{\text{\tinit}}\\ \text{\tex{\tex
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No.	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line 1 Address line 2 City Pin Code Phone No.	rity been informed about Yes 1 If "Yes", specify Authority Pence no. State
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line 1 Address line 2 City Pin Code Phone No.	rity been informed about Yes If "Yes", specify Authority Pence no. State Mobile No.
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE	Yes No Have any author Accident / Loss? Name of the A Contact Person Authority refered Address line I Address line 2 City Pin Code Phone No. Email	rity been informed about Yes \tag{ \text{!} f"Yes", specify suthority
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line I Address line 2 City Pin Code Phone No. Email urance? If "Yes", specify details and attach of	rity been informed about
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance of the Insurer	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line I Address line 2 City Pin Code Phone No Email urance? If "Yes", specify details and attach or process the specific det	rity been informed about
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance of the Insurer Address line I	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line I Address line 2 City Pin Code Phone No. Email urance? If "Yes", specify details and attach of	rity been informed about
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance of the Insurer Address line I Address line 2	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line I Address line 2 City Pin Code Phone No Email urance? If "Yes", specify details and attach or process and authority refer Address line 2 and authority refer Address line 3 and authority refer and authority ref	rity been informed about
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance of the Insurer Address line I Address line 2 City	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line 1 Address line 2 City Pin Code Phone No Email urance? If "Yes", specify details and attach of the Address line 2 State Pin Code	rity been informed about
Is any witness available for accident / loss? If "Yes", specify Name of the witness Address line I Address line 2 City State Pin Code Phone No. Mobile No. Email C. DETAILS OF OTHER INSURANCE Is the Loss/damage covered under any other Insurance of the Insurer Address line I Address line 2	Yes No Have any author Accident / Loss? Name of the A Contact Persor Authority refer Address line 1 Address line 2 City Pin Code Phone No Email urance? If "Yes", specify details and attach of	rity been informed about

Amount of Insurance

Period of Insurance From __/_/___To __/_/

D. DETAILS OF OTHER INTEREST	
Is the insured sole owner of the property? If "No", specify details	
Nature of Insured interest	

	insured sole owne	er of the property? If "No	o", specify deta	ails			Ye	es 📗 No
Natu	re of Insured intere		, ,					
Perso	on/s who has intere	est on property						
	ature of interest							
City		Sta						
		Sta						
FIION		1110	Dolle INO					
. DE	TAILS OF ITEM	S AFFECTED						
SL. No.	DESCRIPTION OF EQUIPMENT	MAKER NAME	YEAR OF MAKE	SL.NO./ MACHINE NO.	SUM INSURED RS.	DATE OF LAST MAINTENANCE	EXPIRY OF AMC/ WARRANTY	REPAIR/
	ne affected equipm ", the nature of suc	ent undergone any repai	irs previously?				☐ Ye	s 🗌 No
If "Yes					Part	s affected		s No
If "Yes	s", the nature of suc	ch repairs			Part	s affected		
If "Yes	s", the nature of suc	ch repairs			Part	s affected		
If "Yes	s", the nature of suc	ch repairs			Part	s affected		
If "Yes	s", the nature of suc	ch repairs Nature of re			Part	s affected		
If "Yes	ate of repair CAILS OF REPAIR	Nature of re			Part	s affected	Co	ost of repair
DET.	ate of repair CAILS OF REPAIR repair being carrie	Nature of re	epair					ost of repair
DET. Is the If "Yes	ate of repair CAILS OF REPAIR repair being carries s", specify submit Jo	Nature of re Nature of re R ed out In-house? ob-Work Estimates along	epair				Co	ost of repair
DET. Is the If "Yes	ate of repair CAILS OF REPAIR Prepair being carries s", specify submit Jo", specify following	Nature of re Nature of re R ed out In-house? ob-Work Estimates along	epair g with Pro-form	ma Invoices of S	pare Parts to be	e replaced	Co	ost of repair
DET. Is the If "Ye: Nam	TAILS OF REPAIL e repair being carries s", specify submit Jo o", specify following e of the Repairer	Nature of real Nature	epair g with Pro-form	ma Invoices of S	pare Parts to be	e replaced	Co	ost of repair
If "Yes DET. Is the If "Yes If "No Nam Nam	ate of repair CAILS OF REPAIR Prepair being carries s", specify submit Jo ", specify following e of the Repairer - e of the Contact pe	Nature of real Nature	epair g with Pro-form	ma Invoices of S	pare Parts to be	e replaced	Co	ost of repair
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If "Yes Diagram of the second	ate of repair CAILS OF REPAIR Prepair being carries "", specify submit Jo" ", specify following e of the Repairer e of the Contact poess line I ess line 2	Nature of reconstruction in the repairs Nature of reconstruction in the reconstruction	epair g with Pro-forr	ma Invoices of S	pare Parts to be	e replaced	Co	s No

G. DETAILS OF PREVIOUS LOSSES

Claims lodged during th	Yes No	
Claim Year	Claim Description	Amount Rs.

H. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?	Yes No
If "Yes", specify	_
	_
	_
	_
I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every have made, or in any further declaration, the Company may require in respect of the said loss, shall make any false or fraudulent concealment, my/our daim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in resshall be forfeited.	statement, or any suppression or
Place: Signature:	
Date: Name of Insured:	