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.

Policy No. ______________________ Claim No. ______________________

A. INSURED

Name ______________________

Address line 1 ______________ City ______________ Pin Code ______________

Address line 2 ______________ State ______________

Phone No. ______________ Mobile No. ______________ Email ______________

Business/Occupation ______________ Period of Insurance From _ _/_ _/_ _ _ _ To _ _/_ _/_ _ _ _

Limits of Indemnity under the Policy ______________________

B. DETAILS OF LOSS

Date of Loss _ _/_ _/_ _ _ _ Time _ _:_ _ AM / PM

LOSS LOCATION

Address line 1 ______________________

Address line 2 ______________________

City ______________ State ______________ Pin Code ______________

Phone No. ______________ Mobile No. ______________ Email ______________

Describe cause of Loss/Damage ______________________

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Estimated Loss (Rs.) ______________________

WITNESS DETAILS

Is any witness available for accident / loss? ☐ Yes ☐ No

If "Yes", specify

Name of the witness ______________

Address line 1 ______________

Address line 2 ______________

City ______________

State ______________

Pin Code ______________

Phone No. ______________

Mobile No. ______________

Email ______________

INFORMATION TO AUTHORITY

Have any authority been informed about Accident / Loss? If "Yes", specify ☐ Yes ☐ No

Name of the Authority ______________

Contact Person ______________

Authority reference no. ______________

Address line 1 ______________

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? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer ______________________

Address line 1 ______________________

Address line 2 ______________________

City ______________ State ______________ Pin Code ______________

Phone No. ______________ Mobile No. ______________

Policy No. ______________ Email ______________

Period of Insurance From _ _/_ _/_ _ _ _To _ _/_ _/_ _ _ _ Amount of Insurance ______________

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details ☐ Yes ☐ No

Nature of Insured interest ______________________

Person/s who has interest on property ______________________

His nature of interest ______________________

Address line 1 ____________ Address line 2 ____________

City ____________ State ____________ Pin Code ____________

Phone No. ____________ Mobile No. ____________ Email ____________

E. DETAILS OF ITEMS 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	COST OF REPAIR/ REPLACEMENT

Has the affected equipment undergone any repairs previously? ☐ Yes ☐ No
If "Yes", the nature of such repairs

Date of repair	Nature of repair	Parts affected	Cost of repair

F. DETAILS OF REPAIR

Is the repair being carried out In-house? ☐ Yes ☐ No

If "Yes", specify submit Job-Work Estimates along with Pro-forma Invoices of Spare Parts to be replaced

If "No", specify following details

Name of the Repairer ______________________

Name of the Contact person ______________________

Address line 1 ______________________

Address line 2 ______________________

City ____________ State ____________ Pin Code ____________

Phone No. ____________ Mobile No. ____________ Email ____________

G. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years ☐ 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 ______________________________

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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 respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place: **Signature:**

Date: **Name of Insured:**