

CLAIM FORM

Certificate No.

Period of Insurance From To

The issuance of this form is not to be taken as an admission of liability

Please answer all questions fully.

Insured Name

Address for correspondence

Telephone No.

Alternate No.

Date of loss

Item/s affected by loss: Mobile Tablet

Cause of loss: Theft Physical Damage/Liquid Damage

Brief Description of loss: What

When

Where

How

.....

.....

.....

.....

.....

Has the matter been reported to the Police Yes No

Name of the Police Station

FIR No./DDR/NCR and date (Please enclose original or certified copy of FIR)

Estimate of loss (with complete breakup)

Any other information which you would like to provide

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(Please attach Annexure)

Date

Signature of the Insured