



Bajaj General Insurance Ltd.

Bajaj Insurance House, Airport Road, Yerawada, Pune 411006

Issuing Office: Pune Regional Office

ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM

Claim No.: _____

Policy No.: _____

Name and address of the Assured _____

Description of property damaged _____

Identification No/Serial Number _____

Location of the property _____

Item Number in the Policy Schedule _____

Sum Insured _____

When did the loss or damage occur? _____

Narrate circumstances of loss _____

Was the equipment in use? By whom? _____

Date of intimation to Insurer _____

State whether the item damaged was under any guarantee from Supplier/Manufacturer _____ Repairer. If so, the nature of Guarantee and the period.

Did the equipment(s) sustain any damage in any previous accident? If so, details _____

Have the repairs been put in hand? If so give name and address of repairs _____

Signature of the Insured

Indicate the estimated repairs charges and the repairs time _____

State salvage value of the damaged item _____

Where can the damaged items be inspected? _____

Are there any other insurance, effected by you or any other person(s) covering _____

the loss sustained or any part thereof? If so, give details. _____

In the event of loss caused by Burglary, Theft, Fire, which police station has been notified? _____

Any other particulars relevant to the damages. _____

Additional Questions for Damage to External Data Media

1. Please give details of the items damaged: -----

2. Where the items were stored at the time of loss: -----

3. What is the material cost for the damaged data media: -----

4. What is the cost for reproducing the lost data: -----

(Please attach detailed working)

Additional Questions for Increased Cost of Working:

1. List of equipments hired:
 2. Amount claimed towards increased cost of working: -----

- (Please attach detailed working)

I/ We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Place:
Date:

Signature & Seal

For Portable Items Only

Policy No :

Claim No :

- How incidence happened?

- Why this has happened?

- When this has happened?

- Where this has happened?

- Who was the present at the time of incidence?

Signature of the Insured