


**IFFCO-TOKIO GENERAL INSURANCE CO. LTD.**

Regd. Office: 34, Nehru Place, New Delhi - 110 019

 ADDRESS OF POLICY  
ISSUING OFFICE

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 14 days, from the date of occurrence.

Policy No.	
Date & Time of breakdown	
Equipment which broke down was installed at (Complete Address of Location)	
Circumstances of loss (Brief write up on circumstances under which the equipment broke down and how & when it was detected)  Imp: in case the loss is due to Burglary, please also inform the action taken immediately after the detection. Also inform whether any FIR has been lodged.	
Your opinion about the Cause of Breakdown	
Schedule Item of Policy	
Description of Equipment	
Specification of Equipment	
Extent of Damage	
Cost of Repair (please attach copy of Quotation)	
Loss to External Data Media (if applicable); please list out the type of data lost and the way the same is being replaced/reconstructed	
Increased Cost of working (if applicable); specific details of the increased cost likely to be incurred may please be provided	
Details of Other Existing Insurances	
Name & Address of Company	Policy No. Sum Insured

Name:

Signature:

Date: