



IFFCO TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi 110 017

Electronic Equipment Insurance Claim Form

Claim No. _____

Date of Issue: _____

- Please note that this Claim Form is issued without 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 submit this form, duly filled & signed, within 15 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

I / We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that we have not withheld any material information which has a bearing upon the claim.

Name:
Date:

Designation:
Place:

Signature: