



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

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ADDRESS OF POLICY  
ISSUING OFFICE

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

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

**ALL IN ONE HOME PROTECTOR POLICY**

UIN: IRDAN106RP0064V01201819

**ELECTRONIC EQUIPMENT INSURANCE CLAIM FORM**

Note: This claim form is applicable for Section 5 – **Electronic Equipment Insurance**, Section 6A - **Home Entertainment Equipment**, Section 6B - **Portable Computer/Mobile Phones/Tablets/ Mobile Audio Devices**, Section 7 - **Breakdown of Domestic Appliances**

- 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 return this form, duly filled & signed, within 15 days, from the date of occurrence.

Please tick the section in which the claim is preferred:

**Section 5 – Electronic Equipment Insurance**

**Section 6 –**

Part A- Home Entertainment Equipment

Part B- Portable Computer/Mobile phones/Tablets/ Mobile Audio Devices

**Section 7 – Breakdown of Domestic Appliances**

Policy Number			
Insured Name			
Sum Insured under each Section where claim is preferred			
Date & Time of Loss			
Electronic Equipment installed at (Complete Address of Location)			
Circumstances of loss (Brief write up on circumstances under which loss has occurred & when it was detected)			
Your opinion about the Cause of Loss			
Estimate of Loss (Pls give details as per schedule)			
S. No.	Description/Specification	Extent of Damage	Cost of Repair (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		
<b>Details of Other Existing Insurances</b>		
Name & Address of Company	Policy No.	Sum Insured

*DETAILS OF INSURED'S BANK ACCOUNT:*

a) PAN                       b) Account Number:

c) Bank Name and Branch:

d) Cheque/ DD Payable details:                       e) IFSC Code:

**I/We, declare that all statements made on this form are true to the best of my/our knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.**

**I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, 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.**

Name:

Signature:

Date: