SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Call (Toll Free)
1800 22 1111 | 1800 102 1111
www.sbigeneral.in

MACHINERY/ELECTRONIC EQUIPMENT INSURANCE POLICY

Claim Form

If any detail or information Is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No. Claim No.

Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

A. DETAILS OF INSURED/CLAIMANT

1. Name as per Policy
2. Address — Plot No/Door No. Building Name; Road Area; City Pincode; State
3. Contact Details — Phone No. Mobile; E-mail Id
4. Brief Description of Business/ Office/Industry/Occupation
5. Limits of Indemnity under the Policy (Rs.)

B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss D D M M Y Y Y Y Time of Loss : A.M. / P.M.
2. Loss Location Address — Plot No/Door No. Building Name; Road Area; City Pincode; State
3. Contact Details of person/s at Loss Location
   - Name
   - Relationship with Insured
   - Contact Details — Phone No. Mobile; E-mail Id
4. Describe cause of Loss/Damage
5. Estimated Loss (Rs.)

Version 1.2, Nov. 2011

WITNESS DETAILS

1. Were there any witnesses to the loss/accident? ☐ Yes ☐ No

If 'Yes',

2. Name as Person/s — SURNAME MIDDLENAME FIRSTNAME

3. Address — Plot No/Door No. | Building Name | Road | Area | City | Pincode | State

4. Contact Details — Phone No. | Mobile | E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority? ☐ Yes ☐ No

If 'No', reason for not reporting _____

If 'Yes', provide details ☐ Fire ☐ Police ☐ Municipality ☐ Other

2. Name of Authority

3. Information Report No./ Authority Reference No. | Date (DD MM YYYY)

4. Contact Person/s — SURNAME MIDDLENAME FIRSTNAME

5. Address — Plot No/Door No. | Building Name | Road | Area | City | Pincode | State

6. Contact Details — Phone No. | Mobile | E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss / damage covered under any other Insurance? ☐ Yes ☐ No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Address — Plot No/Door No. | Building Name | Road | Area | City | Pincode | State

Contact Details — Phone No. | Mobile | E-mail Id

Policy Number | Sum Insured

Period of Insurance — From (DD MM YYYY) To (DD MM YYYY)

D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property? ☐ Yes ☐ No

If 'No', specify

Nature of Interest

Person/s who has/have interest on property

Address — Plot No/Door No. — Building Name

Road — Area

City — Pincode

State

Contact Details — Phone No. — Mobile

E-mail Id

E. DETAILS OF ITEMS AFFECTED

Sl.	Description of Equipment	Manufacturer	Year of Manufacture	Identification/ Machine/ Serial No.	Sum Insured (Rs.)	Date of Last Maintenance	Date of Expiry of AMC/Warranty	Cost of Repair/ Replacement (Rs.)

1. Has the affected equipment undergone any repairs previously? ☐ Yes ☐ No

If 'Yes', the nature of such repairs

Date of Repair	Nature of Repair	Parts affected	Cost of Repair (Rs.)

F. DETAILS OF REPAIR/REPAIRER

1. Is the repair being carried out in house? ☐ Yes ☐ No

If 'Yes', specify and submit Job-Work Estimates along with Pro-forma Invoices of Spare Parts to be replaced

If 'No', specify following details

Name of the Repairer

Name of the Contact Person/s

Address — Plot No/Door No. — Building Name

Road — Area

City — Pincode

State

Contact Details — Phone No. — Mobile

E-mail Id

G. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

H. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If 'Yes', specify

_____

_____

_____

_____

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, 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, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place _____ Signature of Insured/Claimant _____

Date: D D M M Y Y Y Y Name of Insured/Claimant _____