SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

CELLULAR NETWORK INSURANCE POLICY
CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

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 Number_____

Period of Insurance _____ to _____

Claim Number_____

A. DETAILS OF INSURED/CLAIMANT

Name as per policy_____

Address _____

_____

City_____State_____Pin Code_____

Contact Details

Phone Number _____ Mobile Number_____ Email ID _____

Brief Description of Business /Office/Industry/Occupation

_____

SECTION I – ALL RISK MATERIAL AND PHYSICAL DAMAGE

B. DETAILS OF LOSS/ACCIDENT

Date of Loss _____/_____/_____ Time of Loss _____A.M. / P.M.

Loss Location

Address _____

_____

City_____State_____Pin Code_____

Contact Details of person/s at Loss Location

Name _____

Relationship with Insured_____

Phone Number _____ Mobile Number_____ Email ID _____

Describe Cause of Loss/Damage _____

_____

Estimated Loss (Rs.)

1. Equipment and their date of installation of insured premises.

2. Movable Item

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WITNESS DETAILS

Were there any witnesses to the loss / accident?

☐(Yes) ☐(No), If 'Yes',

Name of Person/s_____

_____

Address

_____

_____

City_____

State_____

Pin Code_____

Phone Number _____

Mobile Number_____ _

Email ID

_____

INFORMATION TO AUTHORITY

Has the loss been reported to an Authority ☐ (Yes) ☐(No),

If 'No', reason for not reporting_____

If "Yes", provide details

☐Fire ☐Police ☐Municipality ☐Other

Name of Authority

_____

Information Report No./Authority Reference No. and Date

_____

Contact Person/s_____

Address _____

_____

City_____State_____

Pin Code_____

Phone Number _____

Mobile Number_____ __

Email ID _____

C. DETAILS OF OTHER INSURANCE

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 _____

City_____ _____State_____PinCode_____

Phone Number _____MobileNumber_____EmailID_____

Policy No._____ Period of Insurance _____to_____

Sum Insured (Rs.)_____

SECTION II – COMPREHENSIVE SOFTWARE COVER

Date of Loss _____/_____/_____ Time of Loss _____A.M. / P.M.

Loss Location

Address _____

_____

City_____State_____Pin Code_____

Detail of lost –

a. Data Media_____

b. Data (Excluding data stored in CPU's main memory and/or programme)_____

Estimated Cost of -

c. Data Media_____

_____

d. Recreation of data in next 12 months _____

_____

SECTION III – BUSINESS INTERRUPTION/LOSS OF PROFIT COVER

Period for which the business was interrupted due to loss covered under Section I / ____/____/_____to ____/____/_____

What was the annual turn-over for the last financial year? Rs._____

What is the estimated reduction in turn-over due to interruption? Rs._____

What is the estimated loss of Gross Profit due to interruption? Rs._____

Standing Charges / Expenses incurred for Loss Minimization, if any, Rs._____

Were there any person / organization, in your opinion, responsible for the loss? ☐(Yes) ☐(No),

If "Yes", please provide details along with contact numbers and address, if available (this information will be used only for investigation of this claim and source will not be divulged to the suspected party)_____

_____

What steps have been taken to prevent recurrence of similar incidence?_____

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SECTION IV – THIRD PARTY LIABILITY

DETAILS OF LOSS/ACCIDENT
Date of Loss _____/_____/_____ Time of Loss _____A.M. / P.M.

Loss Location

Address _____

_____

City_____State_____Pin Code_____

1. Details of Claimant

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the Insured).
Address of the claimant.

2. Details of Claim or Circumstance

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?
Have proceedings been commenced? If so, please attach a copy of the court documents.
What amount, if any, is claimed? If known, what does that amount comprise?

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 loss/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 _____

Date_____ Name of Insured/Claimant_____