

THE ORIENTAL INSURANCE COMPANY LIMITED



(INCORPORATED IN INDIA)

Subsidiary to General Insurance Corporation of India

REGISTERED OFFICE

" ORIENTAL HOUSE ", ASAF ALI ROAD, NEW DELHI

(The issue of this form is not to be taken as an admission of liability)

ELECTRONIC EQUIPMENT INSURANCE

Policy No.....

Claim No.....

Period of Insurance.....

Notification of Physical Loss or Damage

INSURED :

ADDRESS :

1. a) When did the loss or damage occur ?

Time : Date :

b) When was notice of loss or damage first given to the Insurer ?

To whom ?

By whom ?

2. Are there any witnesses ?

☐ Yes

☐ No

If so, please give names
Professions and addresses.

3. In which section and for what purpose the affected item was being used at the time of loss or damages.

4. Name and address of the surveyor

5. State whether the item damaged was under any Guarantee from Supplier / Manufacturer / Repairer. If so, state the nature of Guarantee and the Guarantee period

6. Which item was damaged Item No. in specification of the Policy Schedule :

Sum Insured :

Name of manufacturer, type of Machine :

Year of manufacture, Sr. No. :

(Please give full details as on manufacturer's Date).

Description of damaged item (capacity, r.p.m. etc.) :

7. Details of damage sustained
How did the damage occur and
what was the probable cause?
Please attach sketches, photos etc.

8. Did the affected Equipment (s)
sustain any damage in any
previous accident? If so, give
particulars of previous events(s)
with details of repairs executed.

9. Have the repairs been put in hand?
If so, give name and address of
repairers.

10. How will the damaged items be
repaired, by whom and where?
Please indicate estimated repair period
What are the estimated repair cost
(Any major repairs are to be executed
only with prior consent and approval of
the Company).

11. State salvage value on the damaged
items

12. Where can the damaged items be
inspected.

13. Are there any other insurance, effected
by you or any other person covering the
loss sustained or any part thereof?

14. In the event of losses caused
by Burglary, Theft, Fire - which
police station did you notify of
the incident?

15. Please give any other particulars
relevant to the damages

I / We declare that the foregoing particulars are true and correct to the best of my / our knowledge.

PLACE :

DATE :

Signature.

(*This form is to be signed only by an authorised representative of the Insured).

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