

# ADP Claim Declaration Form

Lenovo

Claim Type :

Date :

Name of the Customer : .....

Contact/Mobile Number : .....

Service Order / Reference # : .....

System Serial Number : .....

Model / Type : .....

Date & Time of the loss / damage : .....

Place of Incidence : .....

Brief description of the loss / damage :

A. Sanjay.

**Declaration:**

I / We agree to provide additional information to the company, if required. I / We, the above mentioned do hereby, to the best of my / our knowledge and belief warrant the truth of the foregoing statement in every respect, and if I / We have made, or in any further declaration the company may require in respect of the said loss / damage. If any of the above is false or fraudulent / any suppression or concealment of details if / when subsequently discovered, the coverage / protection shall be void for the above mentioned unit and the company reserves the right to recover the costs in full / part from me / us.

I have / will receive my device repaired / replaced by authorized service center.

Signature of the Customer.