

Office Package Insurance Policy (Retail)

Section 6: Electronic Equipment Claim Form

Claim No. _____

Policy No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDI.

A. The Insured
use) _____

Risk Code (For office

Name _____

Address _____

Tel No.

Office _____ Mobile _____ email _____

Contact

name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Equipment Details

Location of damaged machine _____

Description of damaged machine _____

Make _____ Type _____ Model _____

Serial No. _____ Year of Manufacture _____

Item No. as per Policy _____

Whether covered under guarantee from supplier/manufacturer Yes No

If yes, is the manufacturer/supplier going to repair/replace the damaged machine

Yes No

Whether covered under maintenance agreement at the time of loss Yes No

If yes, is the damage repair/replacement covered under the agreement Yes No

D. Loss Details

Date of loss _____/_____/_____ Time of loss _____am/pm
Estimate of cost of damage (please attach repairers estimate) Rs. _____
Salvage value of damaged items Rs. _____
Was any software lost or damaged Yes No
If yes, what was it _____
What caused the damage _____
What is the replacement cost Rs. _____
Was any data lost Yes No
If yes, what was the nature of the data _____
What caused the data loss _____
What is the replacement cost Rs. _____
Is there a back-up data/disk Yes No
If yes, is the same usable. If not, why not _____

If increased cost of working or business interruption is insured

What time did the equipment fail _____am/pm
Which departments are affected by the stoppage _____
What is approximate daily turnover Rs. _____
What is being purchased with the increased cost _____
When is repairs/replacement of the damaged machine expected to be completed
_____/_____/_____

E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items

F. Details of previous losses, if any _____

H. Steps taken to prevent future recurrence

Declaration

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date: _____

Company's stamp