

ELECTRONIC EQUIPMENT **CLAIM FORM**

FOR OFFICE USE ONLY

Issuing office :__

Date of Issue :

Claim No

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500 E-mail : customer.services@royalsundaram.in

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

Please ensure that all questions are answered in capital letters using an ink pen

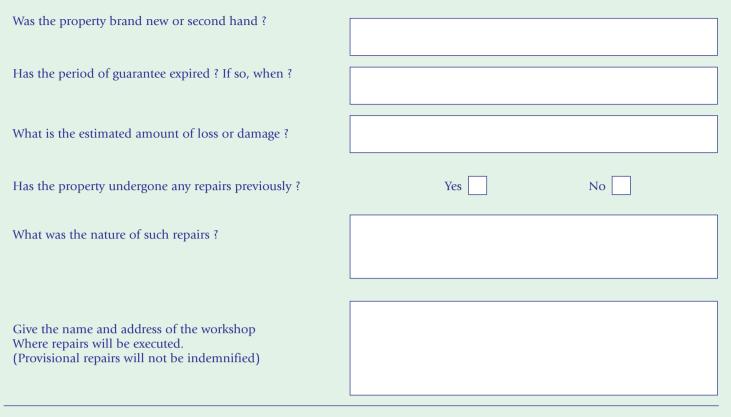
Policy Number		Certificate Number	
Card Number/ Account Number		Name of the Bank/	
Account Number		Corporate Partner	
1.INSURANCE	DETAILS		
Name of the Insured			
Address for Correspondence (with Pin Code)			
Telephone Daytime / Mobile No.		STD Code :	
Telephone Evening			
		STD Code :	
E-Mail ID			
2.DETAILS OF	ACCIDENT/LOSS		
Date of accident/lc	DSS		(DD/MM/YY)
Time of accident/lo			
			(AM/PM)
Place of accident/loss			
Nature and cause of accident/loss			

3. DETAILS OF PROPERTY CLAIMED FOR

Item	Make and Model	Serial Number	Sum Insured	Date of Purchase







4. DETAILS OF OTHER INSURANCE COVERING THE PROPERTY

Company Name	Policy Number	Sum Insured (Rs.)	Period of Insurance
Has a claim been reposted to any other insurer in respect of this accident ?		Yes	No
If 'yes', please give full details			

5. DECLARATION

I hereby declare that the foregoing statements are made by myself and are true in all respects. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made or in any further declaration that the Company may require, shall make any false or fraudulent statement whatsoever, the Policy shall be void and my right to compensation forfeited.

Place				
Date	(DD/MM/YY)	Signature or thumb impression of the insured		
Please check that all questions have been completed in full and the form signed and dated.				
Please	Enclose : Estimate			
	Bills/Vouchers			